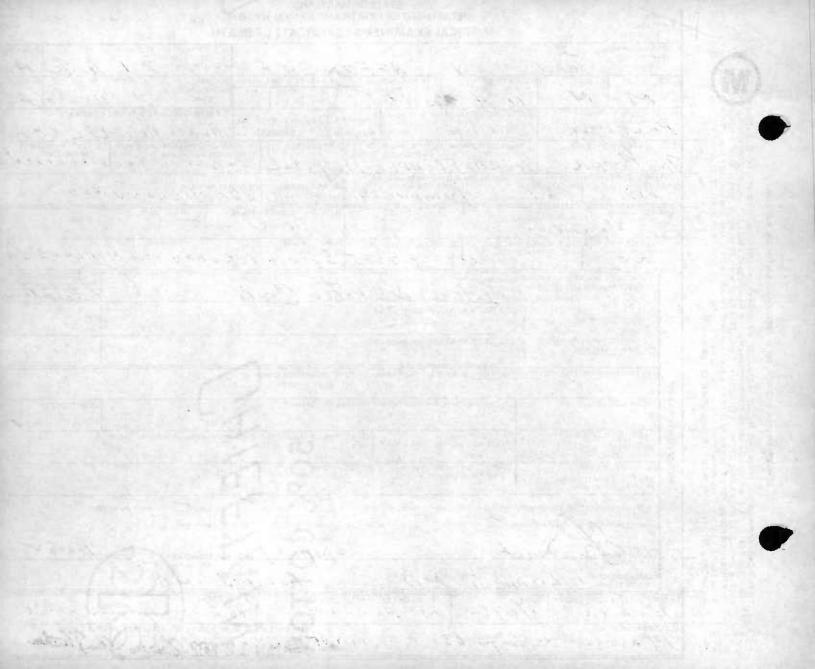
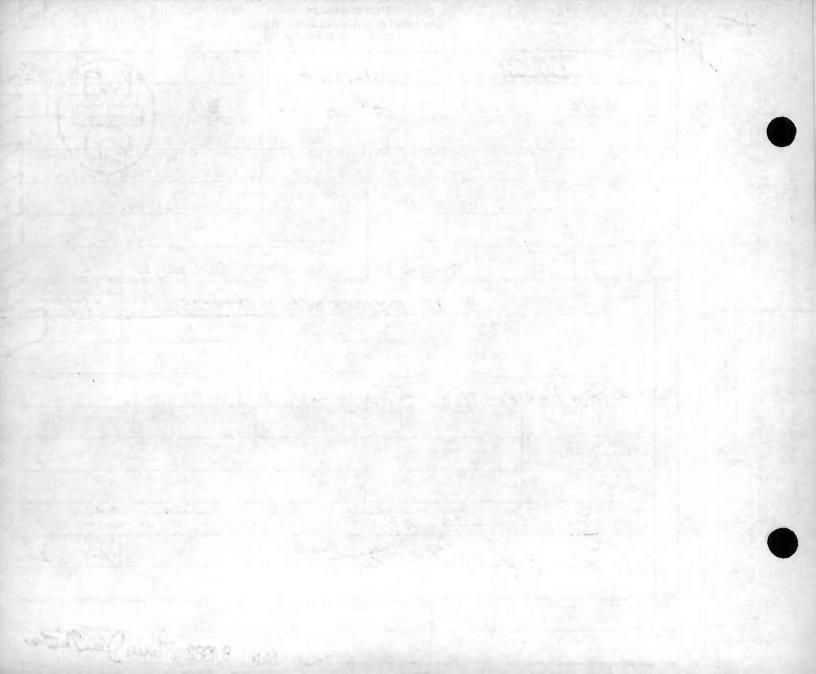
1 1	1	MARYLAND STATE DEPARTMENT OF HEALTH	100
& FOR STATE		8 2 0 0	100
HEALTH DEPT.	-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1
III DEI I.		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy OF ESTI-	
1, 2 yr th		CARL MORPHAMSEN DEATH MATED 1 31	III.
	3. 3	SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years le UNOER 1 YEAR IF UNOER 24 HRS 2c. DATE PRONOUNCED DEAD Months OAYS HOURS MIN. Month / Doy 31	Yeor 1982 2d HOUR
MANEY.		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
" - F		Worth Carolina USA WIDOWED DIVORCED AVER ARUNDEL	Md.
1 hours			KIND OF BUSINESS OR USIRY S Air Forc
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0 = = 0	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	· Lost
Man de la		Karl Abrahamsen Eloise Gay	
BALTIM be execute pending ier's Office	160.	o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give you octdotas of service) (218-12-0801 Margot Abrahamsen, Same as	13
REET, hould be ward " ward " warmine xamine pages oth.	-	The state of the s	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
301 W. PRESTON STREETER. This certificate should tificate, writing the ward a the Chief Medical Examilations; permit, File page in 72 haurs after death.		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Another (Critical Places)	BETWEEN ONSET AND OEATH
ron icate dica dica		4/49 IMMEDIATE CAUSE (o) and any Willery Wiseast Due To, or as a consequence of	men
REST ertiff rritir f Me erm	16	Conditions, if any, which gove	
/. P.I. iis c. e., w. Chie		rise to immediate couse (o), (b)	
Fical The fire of		last. (c)	
CORDS, 301 W. PRESTON STRE EXAMINER: This certificate shou use the certificate, writing the war rwarded to the Chief Medical Exam as a burial-transit permit. File page event within 72 hours after death.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
CORE EXAMITE THE THE TWORD IN SECTION OF SEC	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
REC VI E ecul far far my e	E S	WAS PERFORMED?	YES NO D
OF VITAL RECORDS Y MEDICAL EXAMI ; please execute the of shauld be farwarded ould be used as a buil, and in any event we	MEDICAL CER	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M. 19	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMITO DEPUTY MEDICAL EXAMINER: This certificate should be executed after death. If any delay is necessary, please execute the certificate, writing the ward "pending" and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 within 12 burial, cremation, ar removal, and in any event within 72 haurs after death.	MED	21d_INJURY OCCURED WHILE AT WORK AND WHILE AT WORK AT	ounty Stote
DIVISION TO DEPUT s necessary dror. Page 4 : Page 3 sh	B	22a. I certify that I took charge af the remains described above, held an Autapsy , Inspection , Inquiry-	and in my apinian
ris n is n		death resulted from. Natural causes , Accident , Suicide , Homicide , Undetermined manner	and in my apinian
direction of the direct		CHIEF MEDICAL EXAMINER	
any delay is uneral direct r your files. DIRECTOR:		SIGNATURE SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	IED
fun fun fun el, c		EVAMINED'S DEPUTY MEDICAL EXAMINER	sv
after death. If any done of the funeral be retained for your TO FUNERAL DIRECTORIGISTORY	100	NAME (Type) LINHBEST ADDRESS (Street, city, town, or county) flum of	lis mel
3 to etair		O. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cou	unty) (Stote)
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6M-1//0	0	ames S. Kirkley, Glen Burnie, MD DAFEB 1 1982 Courses	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE KNOWN MONTH DAY 75 HOUR (TYPE OR PRINT) DEATH MATED 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE DAY LAST BIRTHDAY PRONOUNCED 79 YRS DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ORTUGAL 22. S. A DIVORCED WIDOWED OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1126. KIND OF BUSINESS OR INDUSTRY STRUCTION SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b. COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? UMPNRES A.A. OF VICAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LASI FIRST / NICNEWA LAST 17. INFORMAN ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. DIVISION (S. AVORY 302 MIDLAND TYPE NO OR LINKNOWNS (IF YES, GIVE WAR OR DATES) -09-2635 100 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). ROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) IFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE UP E DEPARTMENT OF PRIOR TO BURIAL, YES NO M CERT 71n EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 19 21e. PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC. 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I taak charge of the remains described obave, held an Autopsy WITH THE Inspection and in my opinion death resulted from Natural causes Accident Homicide Undetermined monner TITLE (SPECIFY PAGE 4 SHOULD
TO FUNERAL DIR
AFTER DEATH. WI
BALTIMORE, MARY SIGNED 1-11-82 SIGNATORS MEDICAL EXAMINER EXAMINER'S NAME /- . L 230. BURIAL, CREMATION, REMOVAL 236. DAT 23c. NAME OF CEMETERY OR CREMATOR' NO AUBUNA BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR DHMH - 17 (VR A15 ME (5)) 15M 7/77



Chattering The Michigan Committee of the 18 82 120 ringer WHITE 18 HAZE Sla amobile valoramett latigation and labour Arabies los confi office feel was the second section of the second provide a la company of the same provide SAT See Manager Brates Jo - - - 1 19 Aug 1 Property limber and there ENTERIOR OF THE PERSON OF THE am AB seller million of the seller with sellents in the seller



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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	178日)	3. SE		S. DATE OF BIRTH	A AGE (IN YEAR	S IF UNDER 1 YR. III	F UNDER 24 HRS. 2c.	DATE DATE	/ / 5 19	YEAR 2d HOUR
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	智能を表現7年	F	ennsylvania	U.S.		MARRIED NEVE	R MARRIED	4 4	1 / /	
	ZE0 -> -		ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL NURSING HOME			OCCUPATION (TYPE	ender 112h KIND	MD. OF BUSINESS
	ALAES C	B	altimore	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)		FOR MOST	OF WORKING LIFE)	OR IN	IDUSTRY
	DELA 3 TO IN P 8 DS,	USU.	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GR	YE RESIDENCE BEFORE ADMISSION	الم	Bart		Hair	Care
BALTIMORE, MD. 21201	DEATH. IF ANY DEL	13a. S	d. Anne	Arundel	Baltimore	13d. INSIDE CITY	LIMITS? 13e. STREET	1st Ave.	21225	
AD.	S 1, 2, 8 1, 2, 8 1, 2, 8 1, 2, 8 1, 2, 8 1, 2, 8 1, 2, 8 1, 2, 8 1, 8 1	14. F.	ATHER'S NAME	MIDDLE	LAST	15. MOTHER	S MAIDEN NAME	WIDDLE	LAST	
ČE, A	GES GES A		Stanley		Arbaczaukas		ırbara		Paloni	is
MO	FORM SS 1 A	160. \	VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY		ANT	ADDRESS		
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			18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	ly ane cause per life	Por (a),(b), and (c).)	11.			AB RO	XIMATE INTERVAL NONSET AND DEATH
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3	UTED WITHIN N PENCIL IN SEAMINER, STAL-TRANSIT OF MENTAL HYDOR REMOVA		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR	AS A CONSEQUENCE OF				124/1/9	
30				(c)						
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,		2	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO OFATH I	BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION G	GIVEN IN PART 1 (a).			
ECC	MED BE INDIR	CERTIFICATION	19a. DATE OF OPERATION	Tink CONDIT	ION FOR WHICH OPERA	FIGNISH S PERSONAL				
AL B	CHIEF A CHIEF A CHIEF A CHIEF A CHIEF A OF HEA	SE SE	THE DATE OF GLERATION	198. CONDII	ION FOR WHICH OPERA	TION WAS PERFORMI	ED?		20. AUT	
× ×	WOR WOR HE C ENT BURN	E	21g. EXTERNAL CAUSE WAS	21b. TIME OF	INITIRY	Tale HOW INTURY O	CCURRED (ENTER NATUR	DE OS INIBION IN ITEM 10 DA	YES	□ NO 🗗
ō	7 H - 3 5 0		UNDERLYING OR	HOUR A.M	MONTH DAY YEAR	216.110 44 (1430K) 0	CCORRED (ENTERNATOR	COF INJORT IN HEM 18 PA	RITORPARIZ)	
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	D. H. D. S. A. T. C.		22a. I certify that I took charg				Inspection . Ir	nquiry , and	in my apinian	
-	EXAMINE CERTIFICA JLD BE FO DIRECTOR WITH THE ARYLAND,		death resulted fram: Note	al couses .	Accident, Suici	de 🔲 , Hamicid	e Undetermin	ned manner,		
	CER CER WILL WARN		ACTUAL COLO) of	•	TITLE (SPE	' /		DATE	181 -
	CAL THE SHC SHC SHC ATH RE, A		SIGNATURE	haus		M.D	10 19 MEDICAL	EXAMINER	DATE SIGNED / /	5100
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	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN	73n B	URIAL, CREMATION, REMOVAL	3h DATE	1230 NAME OF CEASI	TERY OR CREMATOR	Y Zid LOCAT	ION		
		1	Burial	1/18/82		ill Cemete	CITY OR TO)WN	COUNTY	STATE
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	(VR A15 ME (5))		eorge J. Gonce	ADDRESS	Ditili			187 France	Jan Mar	Then
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	1.	STATE REGISTRAR		CERTIFICAT	E OF DEATH	REG. N	O.	
	1. DEG	CEASED NAME FIRST	MIDDLE	LAST	,	2a. DATE OF DEATH	MONTH DAY YEAR	
d de de		John	James	Arth	ruh		1 8 83	6 FAMM
4 24	3 SE		4 RACE	S. DATE OF BIRT	Daw WEAR	6 AGE (IN YEARS LAST BIR	(HDAY) IF UNDER 1 YE	
_(IVI)	7a DI	MALE RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	OCTOBER	20.1891	90	YRS PRICOUNTY OF DEATH	
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by the filled with	Gu	EN BURNIE	NORTH ARUNCE	- 0	ESANT CNO	OWNER		dware Store
212 hound	USU,		OR OTHER INSTITUTION, GIVE RESIDENCE BEE	ORE ADMISSION)	ISIDE CITY LIMITS?		1,44,44	
AND 2 1 24 h filled fould k		PRYLAND ANNE		ENA YES	□ NO 🕱	8316 7	RITCHIE H	WY
MARYLAND ed within 24 ond 2 should examiner mus		THER'S NAME	MIDDLE LAST	15 M	OTHER'S MAIDEN N	MIDDLE	0	LAST
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BALTIMORE, MA cote be executed systican and comp opers. Pages 1 on wol.	16a V	VAS DECEASED EVER IN U.S. AI	VE WAR OR DATES)		FORMANT	ADDRI	106 14/151	INES LANE
- d 0.7. 9	-	YES WW		***	LLIAM OK	NDORFF, JR.	TASADENA	MD. 21122 OXIMATE INTERVAL EN ONSET AND DEATH
		PART I. DEATH WAS CAUS	/ 1/2 :	ond (c).)	\		BETWEE	N ONSET AND DEATH
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deoth deoth ottend out		Conditions, if ony, which	DUE TO, OR AS A CONSEC	_	eroses		A	
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	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT R	ELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir r offending physicion. fifer this certificate has been sig os the burial-transit permit. Then th and Mental Hygiene prior to b orked or frem 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
The lov cion. The hos be sit perm giene pi	IFIC					YES IN NOI	IN CERTIFYING CAUS	
NN: Th hysicio icote icote ironsit Hygie 18 sho	E.	21a. ACCIDENT WAS UNDERLYING			OW INJURY OCCU	JRRED (ENTER NATURE OF INJU		
IYSICIAN: ding physis is certifico buriol-tror Mentol Hy	AL	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER		19				
PHYS indin	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		OCATION STREET	CITY OR TO	WN COUNTY	STATE
Olyno or offer til e os the olth ond morked	~	AT WORK NOT WHILE AT WORK						
ENDI of or of or or use Heol		220.1 certify that (1) (this hasp sow the deceased alive a	pital) attended the deceased from		in (my) (our) oppoi	on death occurred on the d	ate and hour and from t	_, that (I) (we) lost
OR ATTI hospit SIRECTC ched for sept of flem 21		obove, (I), (we) (did) (did n	ot) view the body ofter death.	DEGRE		on death occurred on me d		TE SIGNED
		Musel	6 0	1110	ATTENDANC	MEDICAL STA	cc	8.87
by by Stot	1	22 PHYSICIAN'S NAME (TYPE	ORPRINT	22e	ADDRESS	DIRECTOR PHISI	TAN L	0-01
TO HOSPITAL retoined by the TO FUNERALL should be detoined with the Stote I MPORTANT: If		Mustak	a (62	MB	605 3	xA Slud	Secon	a park
. 5 of 8 w W W		BURIAL, CREMATION, REMOVA	L 23b. DATE 23	NAME OF CEMETE		23d. LOCATION	COUNTY	STATE
BP		BURIAL	JAN. 11,1982 6		Memorine P	ARK GLEN BU	RNIE ANNE	ARANDEL MD
DHMH - 16 50M 1/76		UNERAL DIRECTOR	5 Godresk	CITETHE HM	250 D	AN 12 1982	256 REGISTRAR'S SIGN	ATURE
(VR A 15 (4))	Vai	PET & RAPRANG	CO SECURITAL	a Pape Mo	2114/2 0	MIT + 4 1902 (Marca Xa	11.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR Mary AMERICA Austin January 1982 1730p 3. SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) Female Negro T2" 1909 72 O BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Virginia Anne Arundel County U.S.A. WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION
(TYPE OF WORK FOR MOST OF WORKING LIFE) 126 KIND OF BUSINESS OR Ft. Meade Kimbrough ARMY Community Hospital Maryland Anne Arunde Severn 7885 Bastille Place 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Austin Martha Hamlet 166. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 22634 50 65 Son - William Austin APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c
PART I. DEATH WAS CAUSED BY: Cardiac Arrest 1 Hour Due to, or as a consequence of Underlying Coronary artery disease 5 Years Canditions, if any, which gave rise to immediate

190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY	? 201 IN	CERTIFYING CAUSES	NGS USED S OF DEATH?
2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	JRRED (ENTER NATURE	OF INJURY IN	ITEM 18 PART 1 OR PART 2)	Talk
21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	• сп	Y OR TOWN	COUNTY	STATE

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING

DHMH - 16 50M 1/BI (VRA 15, 4)

MPORTANT:

22d. PHY ICIAN'S NAME CTYPE OF PRINT

230 BURIAL GREATION REMOVAL

BURIAL

James D. Fitz, MAJ, MC

23b. DATE

82

ARBUTUS MEM. Baltimore, Md. 25a

MEDICAL

DIRECTOR PHYSICIAN X

Kimbrough Army Community Hospital

22c, DATE SIGNED

4 Jan 82

Calvin B. Scruggs - 1412 E. Preston Street/

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0 1 0 8
	CEASED NAME FIRST	Westley	Q A	_	AY YEAR 26 HOUR
3. SEX	John	MESCIEY	TS. DATE OF BIRTH	January	FUNDER 1 YEAR IF UNDER 24 HI
3. 3E	Male	White	Sept 25, 1914		ONTHS DAYS HOURS MI
N	RTHPLACE (STATE OR FOREIGN COUNTRY) Vest Virginia		MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne Arunde	1
G	Slen Burnie	(IF NOT IN SUCH FACILITY, GIVE STREET 209 Bertru		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Self Emp.	126 KIND OF BUSINESS OF INDUSTRY Home Imp
13a. S	STATE 13b. COUN	other institution, give residence before NTY 13c, CITY OR TOW GlenBu	rnie YES NO	13e. STREET ADDRESS 209 Bertrum	Circle
14 FA	Franklyn	MIDDLE Baldw		WIDDIE	Unknown
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	med forces? 16b. Social Security Mar or Dates) 226.05		Aughter ADDRESS n J. Wilder	Same as
TION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (MINAL DISEASE OR CONDITION GIVE	WERE FINDINGS USED
CERTIFICATION	196. Date of Operation	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED		ING CAUSES OF DEATH?
MEDICAL CE	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEVELOPMENT OF COURSE OF DEVELOPMENT OF COURSED	HOUR A.M. MONTH DA	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT T OR PART 2)
WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
	sow the deceased alive on	ital) attended the deceased from 19 & 19 & 19 & 19 & 19 & 19 & 19 & 19	O GREE ATTENDING	n death accurred on the date and hour	
			PHYSICIAN	DIRECTOR PHYSICIAN	11782

Cedar Hill

BP

DHMH-16 30M 2/80 (VRA 15, 4)

Home, Glen Burnie, Md. SingTeton

Jan. 20,82

Burial

Cemete

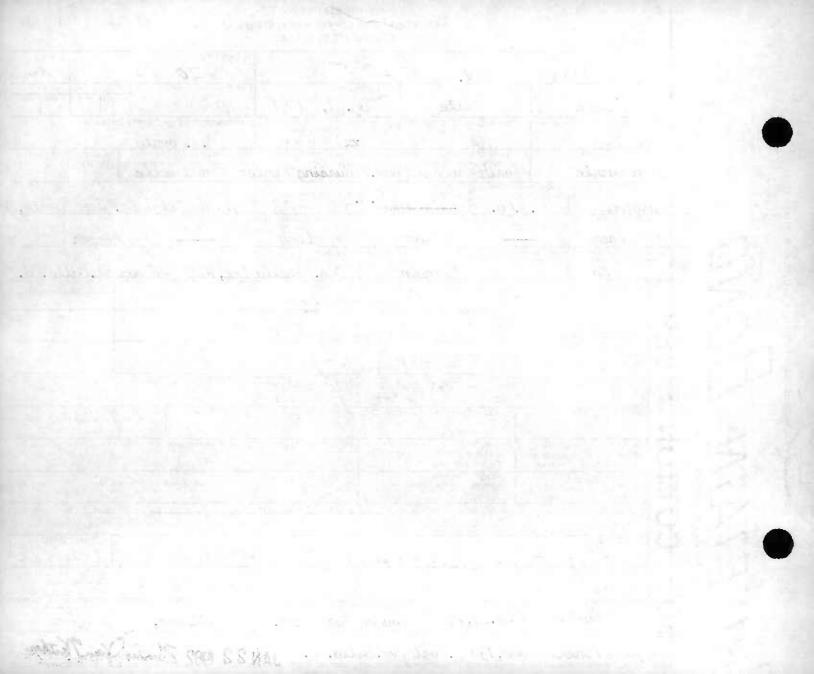
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	certif	ding parban
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ISIAIC	NG PH	fter that as the
	TENDI	OR: A
	OR AT	ched for
	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after a rate. Frost arial retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tune of Should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 should be filed within 7.7 hours in with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
	HOSP ined	FUNE build be
	TO refo	Of ods

	1 -	FOR STATE REGISTRAR		DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		2 0	0 0	SI
		EASED NAME FIRST	M	IDDLE	LAST	20. DATE OF DE	REG. NO. ATH MONTH DAY	Y YEAR 2b. HC	-
(TYPE	JAMES		L	BARRY	JANUAR	Y 8, 1982	12:	:07
3.	. SEX	Male	White		5. DATE OF BIRTH May 2, 190	6. AGE (IN YEARS	76 YRS.	UNDER I YEAR IF UND	DER 24 H
36	C	RTHPLACE (STATE OR FOREIGN OUNTRY) aryland	76 CITIZEN OF V	VHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		CITY OR COUNTY O		
10		EN BURNIE	(IF NOT IN SUCH	OSPITAL, NURSIN FRACILITY, GIVE STREET, RUNDEL H	G HOME OR OTHER INSTITUTION (SPITAL)		MOST OF WORKING LIFE)	12b. KIND OF BUSH INDUSTRY Const:	
2/11	30. S	RESIDENCE (IF NURSING HOME TATE 13b COU	OR OTHER INSTITUTION, O	GIVE RESIDENCE BEFORE 130 CITY OR TOWN Glen Bu		S? 13e STREET ADD	Roberts	Court	
20		THER'S NAME FIRST SaaC	WIDDLE	Barry	15. MOTHER'S MAIDEN Lila	MI	DDLE	Heath	
1 16		AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, C	RMED FORCES?	215-07-		d Barry	ADDRESS 516 Br	uce Ave	
		1991	DUE TO, OR	AS A CONSEOUS	NCE OF O. Can	CC. 1. 014	. 0.		
	ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR (c) CONDITIONS CO	AS A CONSEQUE	NCE OF THE LATED TO THE	rcinon est f TERMINAL DISEASE OF			
	RTIFICATION	gove rise to immediate cause to), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR (c) CONDITIONS CO	AS A CONSEQUE NTRIBUTING TO E	NCE OF THE LEATH BUT NOT RELATED TO THE	200 AUTOPSY	20b. IF YES, V IN CERTIFYIR YES	WERE FINDINGS US NG CAUSES OF DE NO	ATH?
9	ICAL CERTIFICATION	gave rise to immediate cause lost, stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D [IF EITHER NOTIFY MEDICAL EXAMIN	(b)	AS A CONSEQUE NTRIBUTING TO D TION FOR WHICH INJURY A. MONTH DA	NCE OF THE LIPE OPERATION WAS PERFORMED Y YEAR 19	20a AUTOPSY	20b. IF YES, V IN CERTIFYIR YES	WERE FINDINGS US NG CAUSES OF DE NO	ATH:
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	1.	FOR - STATE REGISTRAR			HEALTH AND MENTAL HY FICATE OF DEATH	GIENE O A	
er death	I. DE (TYPI	CEASED NAME FIRST OR PRINT) May 4	MIDDLE	BAT	LAST		MONTH DAY YEAR 26. HOUR S2 / Am
after d	3 SE		4 RACE Whi	MON	OF BIRTH 10. 3. 1891	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN
VI)	(RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHA	T COUNTRY? 8 MARRIE	D NEVER MARRIED		YRS. DR COUNTY OF DEATH
olified	10 C	aryland ITY OR TOWN OF DEATH Len Burnie	JIF NOT IN SUCH FACE	LITY CHIE CYDEET ADDDESCS	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTRY
auld be filed	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY A.	OTHER INSTITUTION, GIVE	ESIDENICE RECORE ADMISSIONI		13e. STREET ADDRESS	ital Dr. Glen Burnie.
and 2 should		THER'S NAME	MIDDLE	Marlow	15 MOTHER'S MAIDEN NO.		Hanpen
papers. Pages lyval.		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES)	SOCIAL SECURITY NO.	17. INFORMANT Mas. Estell	a Lee, 1627	
event, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	ly ane cause per line f D BY: 'E CAUSE (a)		morio		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
traumatic e		Conditions, if any, which		A CONSEQUENCE OF	VD		
ar other tr		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS	A CONSEQUENCE OF	slity		
to bury,	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTR	0.4.	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
fransit permit. I	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION		20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
tentol Hygiene		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1 110110 1 11		21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)
morked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, F)	JURY CTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN COUNTY STATE
21 is	7	220.1 certify that (I) (this hospi sow the deceased alive an abave, (J) (we) (did) (did no	June 1	4 1982 0	nd that in (my) (our) opinion		7.2 , 19 5.0 , that (I) (we) los ate and hour and from the causes stated
e State Dept.		226. SIGNATURE	100	ulm	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF
with the State		MUST a f	a C	02	22e ADDRESS		Ivd Severna
^ > 5	(BURIAL, CREMATION, REMOVAL SPECIFY) Burial	Jan. 23, 19	982 Loudon	r Park Cent.	23d. LOCATION Baltimo	
DM 1/76 (4))	24 F	JUNERAL DIRECTOR Sully Funeral +	ome. 130 E	Fort Ave. B	alto Md. 250. DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

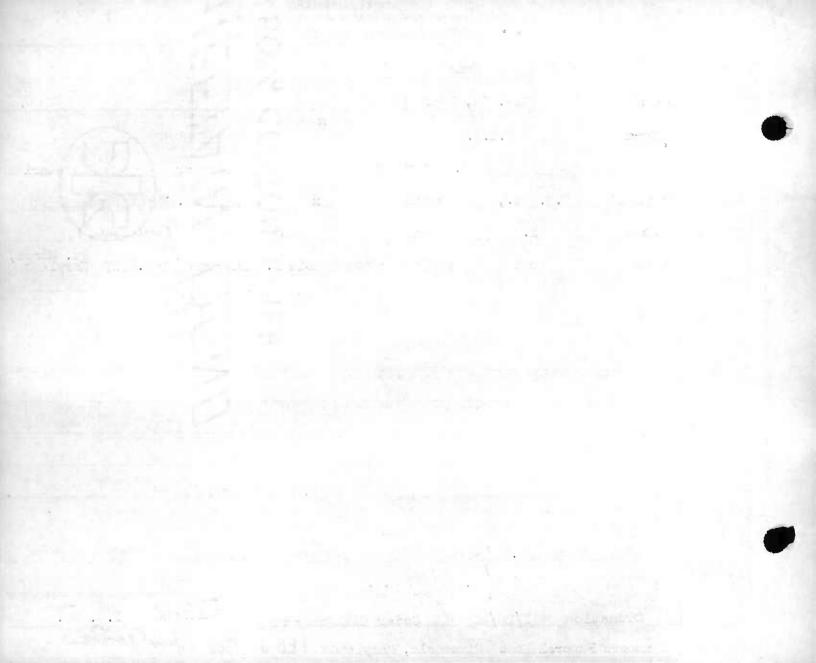


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	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGI STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	
m -		ECEASED NAME FIRST MIDDLE LAST	REG. NO. 20. DATE OF DEATH MONTH OAY YEAR 2b. HOUR
(A)	3. SE	LOUIS G. SEMBE	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
(M)		MALE WHITE 5 27 22	59 YRS. MONTHS DAYS HOURS MIN.
35	70. B	BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH
the fu	10/0	DITY OR TOWN OF PEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH ACLITY OVE STREET ADDRESS)	125 USUAL OCCUPATION 126 KIND OF BUSINESS OR PROFESSION WORK FOR MOST OF WORKING LIFE! INDUSTRY
be file	USU 13a.	AL RESIDENCE (IF NURSING HOME OR OTHER IDSTITUTION, GAT RESIDENCE REFORE ADMISSION) STATE 138. COORTY 138. COORTY 138. COORTY 139. COORTY 130.	CIVIL SERVICE NO.
should b		M.D. H.H HUNADOMS YES TO NO [902 BAY KIDGE HUE
ond 2	14. 67	ATHER NAME FIRST MICOLE REHBE 15. MOTHER SMAIDEN NAM FIRST FIRST	MIDDLE WILLIASTOR
Poges 1 p	160. \	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 12 INFORMANT (185.49 OR UNKNOWN) (IF 165. DIVEWS PATTALES)	BOUE BEHBE # 13
he he	H	II. CAUSE OF DEATH :Enter only one cause per line for (a), (b: .gpd (c).)	DOVE DEFINE
rbonpoper rremovol. ic event, th		PART I. DEATH WAS CAUSED BY:	discoo Sinta
nave carb lation, or i traumotic		4/49 DUE TO, OR AS A CONSEQUENCE OF	
		Canditions, if any, which gave rise to immediate cause (a), stating the	
ial, cremor or other		underlying cause last.	A.E. J. Phys. (C. P. 1994)
hen pler to burio njury, or	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION GIVEN IN PART 1(a)
prior any ir	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
shows	RIF		YES NO YES NO
0 T 8		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	ED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
A Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION	CITY OR TOWN COUNTY STATE
alth and I	Z	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CITY OR TOWN COUNTY STATE
Healt is mo		220.1 certify that (I) (this hospital) attended the deceased from	, to, to, that (I) (we) los
m 21	18	sow the deceased alive on	
		ATTENDING	WOICH CTAFF
Stot		22d. PHOSICIAN S NAME (TYPE OR PRINT) 22e. ADDRESS	DIRECTOR PHYSICIAN / 1/2-1/2
POR		F. Lintroxett anno	els. Mil
	23a.	BURIAL, CREMATION, REMOVAL 235. DATE 236. NAME OF GENETERY OR CREMATORY	230/OCATION
	T	SURIAL JIJEL ST. MARYS	HUNAPOLIS 17H ID.
IRECTOR: thed for us tept, of He them 21 is	230.	sow the deceased alive on	eoth accurred on the date and haur and from the causes structured by the bound of the causes of the cause of t

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X	1.	FOR			DEPARTMENT		MARYLAN H AND ME		IENB 2	0 0		3
^	- 1'	= STATE REGISTRAR		ME	DICAL EXAM	MINER'S	CERTIFIC	ATE OF D	EATH REC	6. NO.		
	1.	DECEASED NA	ME FIRST		MIDDLE		LAST	9	20. DATE KNOW! OF ESTI-	N X WONTH	DAY YEAR	2b. HOUR
MAN E			Inez	Ja	ine	Blanch	ard		DEATH MATE	, 0	27 1982	,
THE STREET	3.	SEX	4. RACE	5. DATE OF BIRTH	YEAR LAST	(IN YEARS IF U	INDER 1 YR.	IF UNDER 24 H	IRS. 2c. DATE PRONOUNCED	HTHOM	DAY YEAR	1 : 50
66.8		Female	White	Nov. 26,		L YRS.		,,,,,,	DEAD	1	27 1982	A. "
SER	53	BIRTHPLACE FOREIGN COUNTR	(STATE OR Y)	76. CITIZEN OF W	HAT COUNTRY?	8. MAR	RIED X NEV	ER MARRIED		_		
E FILED.	9	Towa city or tow	N OF DEATH	U.S.A.	SPITAL, NURSING I		WED .	D11 011 CED	Anne Ar		County,	MD
RECORDS 201	20		NOPDEATH	OT IN SUCH F.	ACILITY, GIVE STREET ADD	RESS)	HER INSTITUTE	ION III	FOR MOST OF WORKING LIFE	(TYPE OF WORK	12b. KIND OF BU OR INDUST	RY
	200	Laurel	E (IF IN NURSING HOME O		t. Meade				Secretary		Secret	arial
CORD	ブ 41	E. STATE	136 COUN	TY	13c. CITY OR TO				STREET ADDRESS			
	-	fary Land		Co.,	Laurel		YEST	NO C		eade R	oad	
N N	64	FIRST	****	MIDDLE	LAST		FIR	RST	MIDDLE	1101001	LAST	
5	10	John WAS DECEAS	SED EVER IN U.S. ARA	MED FORCES?	Terry	URITY NO.	17. INFORM	lo	ADDI	UNKNOO	WN)	
DIWING CO.	2	(YES, NO, OR UNK		war or dates) One	485-72	-4901	Denni	s D. Bl	anchard/Bl	dg.471	Ft. M 7 Marvl	eade,
9		18 CAUSE	OF DEATH (Enter an)	y ane cause per lin							APPROXIMATI BETWEEN ONSE	E INTERVAL
ENE,	i i	PARITI	DEATH WAS CAUSED	E CAUSE (o)	Gunshot w	ound t	o Mouth	1 (1	handgun)			
HYGIENE, D	§	195	50	DUE TO, OF	AS A CONSEQUE	NCE OF			11-373-			
3 SHOULD BE USED AS A BURIAL - TRANSIT PER DEPARTMENT OF HEALTH AND MENTAL HYGIE	K KE	gove	rise to immediate	(b)								
P. P.	5		(o) stating the <u>under</u> - ause lost.	DUE TO, OF	AS A CONSEQUE	NCE OF						
NON	5	2177.4.477		(c)					V			
25.00	E-WA		R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	IE TERMINAL DISEA	ISE OR CONDITION	GIVEN IN PART 1 (o				
3	7	19a DATE C	OF OPERATION	19b. COND	TION FOR WHICH	OPERATION	WAS PERFORM	AED?			20, AUTOPSY	?
5	È /										YESXX	only)
00			NAL CAUSE WAS	21b. TIME O		YEAR 21c. H	HOW INJURY O	OCCURRED (EN	NTER NATURE OF INJURY IN ITE	M 18 PART 1 OR P		
0		CONTRIBU	TING CAUSE OF D	DEATH 1:30%	x 1 27 1	982		t shot l	hersel f			
000	ž	21d INJURY	Y OCCURRED NOT WHILE IX	21e PLACE STREET, FAC	OF INJURY (AT HO TORY, FARM, ETC.)	ME. 21f. LO	OCATION STREET	H. 2	CITY OR TOWN	CC	UNIY	STATE
2 8	2	AT WORK	AT WORK	<u> </u>	Home	35	67 Ft.	Meade F	Road, Laure	I, Ann	ne Arunde	el Co.
HE STATE DEPARTMEN))	22a. I ce	rtify that I took charg	e of the remains de	bead on la	on , Auto	psy XX.	Inspection	, Inquiry ,	and in my a	ipinian Md.	
THE STATE	X X	death resi	ulted from Notur	ol couses ,	Accident,	Suicide X	Homicie	de . Ur	ndetermined manner	<u> </u>		
1 ×	Ž	ACTUAL	11	y a			TITLE (SP					
AH	- L	SIGNATUR	E Villgini	a Lool	an		MDAssis	stant_,	MEDICAL EXAMINER	DATE		-82
ER DE	2	EXAMINER (TYPE OR P	S NAME VI	rginia L	. Dolan,	M.D.	ADDRESS	111	Penn Street			
TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST.	¥ 23		AATION, REMOVAL 2	3b. DATE	23c. NAME O	F CEMETERY	OR CREMATOR	RY 23	d. LOCATION	501	INITY 5	TATE
		Crei	mation	1/28/82	Ced	lar Hi	llCrema		Suitland		.G. Md.	iait.
H - 17	2	FUNERAL DIR	ECTOR	ADDRES:	5		2:	Sa. DATE REC'D	D. BY REGISTRAR 36. I	REGISTI AR'S	SIC YATUME.	
5 ME (5)))	Chamber	rs Funeral	Home Ri	verdale,	Maryla	and -	EB 3	1985 Win	1		
131112100	_											



12	1.	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 0	0 1 1 4
, be		CEASED NAME FIRST Michael	D.	Blanton	January 2, 1982	, 20 110011
Poge 4 moy	3. SE.	ale	White	Dec. 8, 1954	6. AGE (IN YEAR'S LAST BIRTHOAY)	UNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
deoth. Po	Ma	RTHPLACE (STATE OR FOREIGN COUNTRY) ryland	76 CITIZEN OF WHAT COUN	MARRIED LA NEVER MARRIED L	9 BALTIMORE CITY OR COUNTY OF Anne Arundel	OF DEATH ME
s ofter	Anı	napolis	Anne Trundel	ursing home or other institution significances at Hospital	TABLE TO STATE OF THE WORKING LIFE	126. KIND OF BUSINESS OR
filled in hould be in must be	Ma	AL RESIDENCE (IF NURSING HOME OF STATE ryland Arun	NTY 13c. CITY OR	YES X NO	13e. STREET ADDRESS 2792 Cedar Driv	e
ompletely 1 ond 2 s		Benjamin	Blanton Blanton		MIODLE	Unknown
be execu on and c	16a. V	VAS DECEASED EVER IN U.S. AR (IF YES, GIV O	US THE DO ON THE STATE OF THE S	2 7269 Phyllis A. 1	ADDRESS Blanton Same as #	13 (Wife) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires that the death certificate signed by the attending physici her please remove carbonpaper to burial, are motion, or removal, hipry, or other traumatic event, the	NO	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SPOUENCE OF FAIL EMBY SEQUENCE OF	mal Cell Concu	
an. he low re an. to been to permit. I ene prior aws ony ii	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
SICIAN: The physicic certificate certificate miol-transit ental Hygin lem 18 she		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	AIN .	1 DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
ottendir otter this os the bu h ond M.	MEDICAL	ZId. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	PERIOD STREET	CITY OR TOWN	COUNTY STATE
AL OR ATTENDIR , the hospitol or , AL DIRECTOR: A detoched for use the Dept. of Heolt if them 21 is mo		220.1 certify that (1) (this hospi saw the deceased alive po above (1) (we) (did) (pro po 22b. SIGNATURE		19_\$2, and that in (my) (our) opinion DEGREE ATTENDING	n death occurred on the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN	9.21., that (I) (we) los and from the causes stated 27c. DATE SIGNED 1/2/82
O HOSPITA TO FUNERA should be d with the Sto		12d Physician's name imped Hack Lich	otenstein	22e. ADDRESS	Ave. Annapolis, A	ld.
BP		URIAL, CREMATION, REMOVAL SPECTY) 1 1 1 1		23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	Z3d LOCATION CITY OR TOWN Suitland P.	G. Maryland

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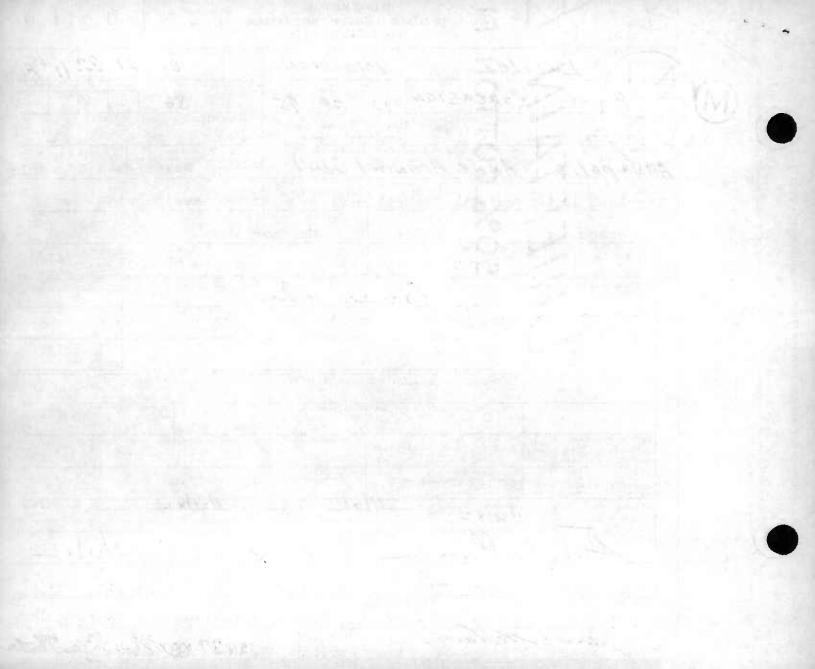
"Francis Casch's Sons Funeral Home, P.A. Hyattsville, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

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	, ,	REGISTRAR			CERTIF	ICATE OF DEATH					
	1. DE	CEASED NAME FIRST	MI	DDLE		AST	REG. N	O. MONTH DA	AY YEAR 21		
	(TYPE	E OR PRINT)	ile		1	Blundon		01 2	1 2	HOUR	
				P.			•	1 2	1 000	11 AM	
	3 SE	X	4 RACE	1	S. DATE C	OF BIRTH 3.0	6 AGE (IN YEARS LAST BIR	THDAY)		F UNDER 24 HRS	
Ŋ,		Female	Cauc	asian	1.7	25	F	6 , 6	DNTHS DAYS H	HOURS MIN.	
	Jo. BI	IRTHPLACE I STATE OR FOREIGN	Th CITIZEN OF W	HAT COUNTRY?	8	70	9 BALTIMORE CITY C	TRS.	DEDEATH		
5		COUNTRY)		_	MARRIE	D NEVER MARRIED	BACTIMORE CITT	K COUNTT	JF DEATH		
		Maryland	U. S	. A.	WIDOWE		Anne Ar	undel		MD.	
-	10 C	ITY OR TOWN OF DEATH	11. NAME OF HO	DSPITAL, NURSING FACILITY, GIVENTREET AI	HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATI		126. KIND OF B	BUSINESS OR	
5	A	NNAPOLIS	ANN	e Aru	Note	1 Gen'1	Patent Re			Empl	
-	USU	AL RESIDENCE LIF NURSING HOME OR	OTHER INSTITUTION GI	IVE RESIDENCE BEFORE	DMISSION)	, , ,	racene ne	searc	HI-SETT	Empi	
L		STATE 13b. COUN	1	3c. CITY OR TOWN			13e STREET ADDRESS				
1		laryland Anne	Arund	el Gamb	rill		1296 Lava	ill Dr	:ive		
21	14. FA	ATHER'S NAME	AIDDLE	LAST		15. MOTHER'S MAIDEN NAM	-				
1		Joseph		Pric	0	Unknow	MIDDLE		LAST		
. 1	16a. V	WAS DECEASED EVER IN U.S. ARA	AED FORCES?	6b SOCIAL SECUR		17. INFORMANT	ADDR	SS			
			WAR OR DATES)	F70 46	7565	N 11 2		296 I	ayall	Dr.	
	No		77	5/8-46-	/565	Martha B.	Halluin G	ambri			
		18 CAUSE OF DEATH (Enter onl	y one couse per lin	ne for (a), (b), 91d	(C · ·	Λ			APPROXIMA BETWEEN ONS	TE INTERVAL	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0). Cancer colon										
		1529									
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which									
		Conditions, if any, which (b)									
	-	couse (a), stating the	DUE TO, OR	AS A CONSEQUEN	CEOF						
	1	underlying cause last (c)									
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISFASE OR CONDITION GIVEN IN PART 1/0.									
	Z						THE DISERSE ON COIN	7111011 0111	THE PART IS		
0	CERTIFICATION	19g DATE OF OPERATION	TION CONDITION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20g AUTOPSY?	Tool IF MES	WEDE EDIE		
4	FIC.	THE DATE OF CITERATION	THE CONDITIO				200 AUTOPSY!		S, WERE FINDINGS USED FYING CAUSES OF DEATH?		
1	RT						YES NO YES			NO 🗌	
3		21a. ACCIDENT WAS UNDERLYING	216. TIME OF I	MONTH DAY	VEAD	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)		
7	ICAL	OR CONTRIBUTING CAUSE OF DEAT		MONTH DAY							
	DIC	21d. INJURY OCCURRED	P.M. 21e. PLACE OF	IN ILIPY	19	21f LOCATION					
-	MEDI	WHILE NOT WHILE	(AT HOME STREET	FACTORY, OFFICE, FAR	M, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE	
		AT WORK AT WORK			-	. 0.1					
		22a-1 certify that (I) (this hospital		deceased from		181 19	_, to//2//8	19	tho	t (I) (we) lost	
	- 2	sow the deceased alive an	1/2-118	19	, on	d that in 1004) (our) opinion d	eath occurred on the do	te and hour o	and from the cou	ses stated	
		27h SIGNATURE /	view the body of	Ner depth.		DEGREE			22c DATE SIC		
		11	Oliveto			ATTENDING	MEDICAL STAF	F	11/2	, ,	
_		PHYSICIAN PHYSICIAN PHYSICIAN									
	50	22d. PHYSICIAN'S NAME IT PE OR	PRINT)			22e ADDRESS		70.5			
	- 4	Stanley P. W	latking	. M.D.		121 Cathed	ral St	Annan	olic	ЬM	
	73- 1	LURIAL CREMATION, REMOVAL	23h DATE		ME DE C	EMETERY OR CREMATORY	THE LOCATION	Amap	OTIS,	rid .	
		SPECIFIS	AND WHILE	141.70	THE WE W		CITY CIR TOWN	1.71.010	county	STATE	
		Burial,	1/25/	82 Ar	ling	ton NaTites	Arlingt		<i>irgini</i>	a	
	Se et	INERAL DIRECTOR	Male			OX 7428 Be DATE	REC D. BY REGISTRAR	15h REGISTRA	AR'S SICHATURE	on .	
	W	arner E. Pump	hrey,			Spring, Md	JAN 27 10	32 Cm	new Va	m/ keth	
		The state of the s		Tor die	TO COMPANY OF THE PARTY OF THE	2.464	199	W 160			



(VRA 15, 4) 1/79

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->				TE OF MARYLAND	4	00110
73.	1.	FOR STATE	DEPARTMENT OF	HEALTH AND MENTAL H	YGIENE Z	0 0 1 1 0
3	"	REGISTRAR	MEDICAL EXAMIN	ER'S CERTIFICATE O	F DEATH REG.	NO
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN	
(-8)	{TYI	PE OR PRINT)		BROCK	OF ESTI-	
E SVIAG		NORM		P 1000.0	DEATH MATED	17 W
KOROS	3. SE	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHD	ARS IF UNDER 1 YR. IF UNDER		MONTH DAY YEAR 24. HOUR
100F K		FIN	MONTH DAY YEAR LAST BIRTHD/	MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	1 7 1982 A M
STO A SE		RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CIT	Y OR COUNTY OF DEATH
PRESTO	FC	REIGN COUNTRY)	1, 2, 0	MARRIED NEVER MARRI		11
世記 いっと	10.6	Ma	U.S.H	WIDOWED DIVORC		BRUNGEL MD.
FIZO1 FIE ANY DELAY IS NE AND 3 TO THE PACE HOULD BE FILED RECORDS, 301	10. C	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS). 	, OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
A O A H CO	14	SILONBAU	Marce Hrundel G	MAROL	0 1 4	- 1 1
F ANY DE AND 3 T RETAIN HOULD B	USU	AL RESIDENCE (IF IN NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE MISSI		. /	The DOMPAGE
21201 IF ANY D 2, AND 3 3. RETAIN SHOULD	13a. S	TATE MA SOUNT	4. 4		13 STREET ADDRESS	Martana RJ
2 2 2 2			NS ANNE IChesTer	YES 🗌 NO 🐼	P.O.227-	Newlows Rd
0.4	14. F/	ATHER'S NAME FIRST	MIDDLE . A LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	LAST
ORE, MD. RE DEATH. ORM PM. 1 AND 2 V OF VITAI	P	NOTMAN A.	LVIN Inhallow	T Froda	MATIE	modith
IMORE, TTER DE F PAGE F PAGE S 1 AN	16a. \	VAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SECURITY	NO. 17. INFORMANT	ADDRE	SS Qual April 16
SES	{Y	ES, NO, OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	789 7	0	HAMIFORE
15, 301 W. PRESTON ST., BALTIMORE, RECUTED WITHIN 24 HOURS AFTER DE 37" IN PENCIL IN ITEM 18. GIVE PAGE: AL EXAMINER ALONG WITH FORM BUD MALTIAL HYGIENE, DIVISION OPPIN, OR REMOVAL.		NO	217-20-0	2011/18 FORA 10	4 NSON 11-COL	Lage Creek Isrrace
ST., BA HOURS A 1B. G WIT. PA MIT. PA		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	ane cause per line for (o), (b), and (c).)	1 on hold		APPREXIMATE INTERVAL BETWEEN ONSET AND DEATH
R A H		IMMEDIATE		whe (VV)	•	Qualer
TO PEC		4299	DUE TO, OR AS A CONSEQUENCE	OF A		Control of the second second second
W, PRESTON D WITHIN 24 D WITHIN 24 ENCIL IN TEK AMINER ALON TRANSIT PER ENTH HYGIEN	1	Canditions, if any, which	all the	1 /11	1/-	
A LANGE WE WE WANTED		gave rise to immediate	A Zini	turke (ne	lary.	
OTED V. UTED V. N. PEN. EXAM. RIAL-TR. MEN.		lying couse last.	DUE TO, OR AS A CONSEQUENCE O)F		
EXECUTED NG" IN PEI CAL EXAM A BURIAL-1 I AND MEI-TION, OR R			(c)			
EXECU EXECU NG" IN ICAL B ICAL B A BUR I AND FION, C		PART 2 OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION GIVEN IN PAI	IT 1 (a).	
ECORDS, 3 D BE EXECT ENDING" I MEDICAL O AS A BUF SALTH AND EMATION,	Z					
BIVISION OF VITAL RECORDS, 3 CERTIFICATE SHOULD BE EXECTING THE WORD "PENDING" INTEGED TO THE CHIEF MEDICAL E 3 SHOULD BE USED AS A BUB PRIOR TO BURRAL, CREMATION,	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20 AUTOPSY?
	E S					
DF VITA ATE SHC WORD THE CH ENT OF	=	AL EXTERMAN CALLES WAS	AND THE OF THE OF		The second second	YES NO.
A A A A A A A A A A A A A A A A A A A		210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
S SHOOFS	13	CONTRIBUTING CAUSE OF DE				
P S S S S S S S S S S S S S S S S S S S	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME,	21f. LOCATION		
PR E DIV	\$	WHILE AT WORK AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
W W W A A G	1	AT WORK - AT WORK				
DIVISION OF VITA AL EXAMINER: THIS CERTIFICATE SHC HE CERTIFICATE, WRITING THE WORD HOULD BE FORWARDED TO THE CH AD INECTORE, PAGE 3 SHOULD BE UN TH, WITH THE STATE DEPARMENT OF S., MARYLAND, 21201 PRIOR TO BURIAL,	91	220. I certify that I took charge	of the remains described above, held on	Autopsy , Inspection	, Inquiry ,	ond in my opinian
NO. 015	150	death resulted from: Natural	couses Accident . Sui	cide , Homicide ,	Undetermined monner	
REG B B REC		6/1	Accident 2,		Onderes mined monner	
Z B B B W S S	100	ACTUAL /	H	TITLE (SPECIFY)		DATE 1.7-82
ICAL EXA	000	SIGNATURE COM	auci,	M.D. 12 epuy 9_	MEDICAL EXAMINER	SIGNED
OR NE		EXAMINER'S NAME F	,		1.	7 0
#SHE HE	1	(TYPE OR PRINT)	INHARDTHO	ADDRESS	nefolio, 1	210
TO MEDICAL E EXECUTE THE O PAGE 4 SHOU AFTE FUNERAL BALTIMORE, MA	23a.B	URIAL, CREMATION, REMOVAL 231	DATE 23c NAME OF CEA	METERY OR CREMATORY	23d. LOCATION	
	. 65	SPECIFY)	12 1982 1	PV	ANNADOLIS	COUNTY STATE
BP	24 F	UTIAL /-	12-1102 ITHELF	my Mem Un.	REC'D. BY REGISTRIAR 251 RE	GISTRARS SIGNATURE
DHMH - 17 (VR A15 ME (5))		NAME IN III	ADDRESS	I ANI	1 9 1000	all Cantler Com
15M 7/77	16,	z. HICKS	122 tores price	HNNAPILINAN	1 3 1307 130	

by contract the second of the second of the second of the The most remarked by William Street, and the Control of Street, and the Con

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PATRICIALS Appel Accorded Levels -Contraction of the Contraction o 44 Table 1 102 Town 13 202 To 1/4

1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENS	0 1 2 1
	REGISTRAR DECEASED NAME FROM	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	(TYPE OR PRINT)	OF ESTI-	MONTH DAY YEAR 26 HO
WITHIN 72 HOURS PRESTON STREET,		elley Jos Connor DEATH MATED XX	1 2 1982
200	SEX 4. RACE	5. DATE OF BIRTH TMOYTH DAY YEAR LAST BIPHIDAY AND HOURS AND PRONOUNCED DEAD	ONTH DAY YEAR 24. HO
No.	emale white	1110.	1 3 ₁₉ 82 Noon
100	FOREIGH COUNTRY) and	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR CANADA AND AND AND AND AND AND AND AND AN	ndel County
10	CITY OR TOWN OF DEATH	WIDOWED DIVORCED ATTILE AT U	, M
	Pasadena	(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)	WORK 126 KIND OF BUSINESS OR INDUSTRY
US	SUAL RESIDENCE (IF IN NURSING HOME	Field/High Point Elem School Student OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
-		NTY nundel Pasadena 13d Inside (ITY LIMITS? 13d STREET ADDRESS YES NO Cagewood Re	pad 21122
14	FATHER'S NAME	R. Connor, Sa. 15. MOTHER'S MAIDEN NAME LOSS V.	Coates
160	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	NO -	216-96-0426 Mr. Elmen Connun, Jr. Sam	e as 13e.
	18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly ane couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		ATE CAUSE (o) Carbon Monoxide Intoxication	of the other Arts of Arts
1	Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
-	gove rise to immediate	e / (b)	
ı	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
	BART 2 GINER CICHIEICANT CONDITIONS	(c)	
1		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
MOLTA CISTAGE LA CICATA	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
100			
9	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART	YESX NO
3	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH ? P.M. 1/2 1982 Inhaled auto exhaust fumos	
1	214. INJURY OCCURRED	210 PLACE OF INJURY (ATHOME, 211. LOCATION	
3	WHILE D NOT WHILE O	street Factory, Farm. etc.) Street city or town seated in parked dar Field/HighPt FlemSch Pasac	COUNTY STATE
	220 Leastifu that Ltack chare		01149 11 11 003110
	death resulted from		my apinian
1	dedili resolled floling	raf causes , Accident , Suicide , Flamicide , Undetermined monner ,	
	ACTUAL SIGNATURE	Assistant	DATE 1/4/82
		MEDICAL EXAMINER	SIGNED1/4/82
1	(TYPE OR PRINT)	Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto.	MD 21201
236	BURIAL CREMATION REMOVAL	JIL DATE JIL NAME OF CEMETERY OF CREMATORY JIM, LOCATION	
	Burial	1/8/82 Glen Haven Men. Park Glen Burnie Ann	e Arundel Md
74	FUNERAL DIRECTOR/IC CUL	Ly tuneral Home of Pasadena 23s. DATE REC'D. BY REGISTRAR 13s. REGISTR	AR'S SIGNATURE
M.	puntain and Tick	Neck Rds. Pasadena, Md. 21222 JAN 5 1982 Am	me fantasce

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Served Hafter Branch one of the served of th

B		FOR - STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 O	0 1 2 2 E.S.T.
De 3		CEASED NAME FIRST GLENDORA	C.	COOK	JANUARY 4	29. 11OOK
rector, page un after deat	3. SE	Female	4 RACE Black	S. DATE OF BIRTH MONTH DAY YEAR 6 8 1925		FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
deoth. Poureral di	la	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED ≅ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. BALTIMORE CITY OR COUNTY OF ANNE ARUNDEL CO	
ors after on by the fulled with filed with	G	LEN BURNIE	NORTH ARUNDEL	ING HOME OR OTHER INSTITUTION HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Clerk	126. KIND OF BUSINESS OR INDUSTRY Typist
ed within 24 hor mpletely filled in ond 2 shauld be examiner must b	130	aryland Arun	MIDDLE LAST	WN 13d INSIDE CITY LIMITS? YES ₩ NO 15. MOTHER'S MAIDEN NA	Severn, Maryla:	LAST
n and cam		Alonza Carte vas deceased ever in u.s. ar ves, no or unknown) (if yes, gr No	MED FORCES? 166 SOCIAL SEC	Seve		anford 21144 In 1201Kendric
uires that the death certificate igned by the attending physic en please remove carbon pape burial, crematian, or removal try, or other traumatic event, the	7	PART I. DEATH WAS CAUSE IMMEDIA: Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c)	UENCE OF		
CIAN: The law req physician. errificate has been s al-transit permit. The miol Hygiene prior to em 18 shows any inje	AL CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINED	Fine 216 TIME OF INJURY HOUR A.M. MONTH	HOPERATION WAS PERFORMED THE RIGHT HIT F	200 AUTOPSY? 200 IF YES, IN CERTIFY YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	
ottending ottending fer this ce os the buring hond Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION	CITY OR TOWN	COUNTY STATE
to R ATTENDING the hospitol or off L DIRECTOR: After fached far use as the E Dept. of Health of If them 21 is market		270 I certify that (1) this hospi saw the deceased alive on above (1) (we) (did adid no 27b. SIGNATURE	tal) attended the deceased from	, and that in (my (our) opinion DEGREE ATTENDING	MEDICAL STAFF	ond from the couses stoted 22c. DATE SIGNED
O HOSPITAL etoined by th TO FUNERAL should be defit with the State MAPORTANT:		122d PHYSICIAN'S NAME (TYPE OLEO A. COURTNE		PHYSICIAN E 22e ADDRESS 7300 GLEN	RITCHIE HIGHWAY BURNIE, MARYLAND	21061
BP		URIAL, CREMATION, REMOVAL SPECIFY Burial	1/8/82 F	NAME OF CEMETERY OR CREMATORY LKridge Ind. Cem	23d LOCATION CITY OR TOWN HOWARD Count	county state v. Marvland
OHMH - 16 50M 1/81 (VRA 15, 4)		INERAL DIRECTOR BALTI	more	MARY CAN derenso DAT e 335 W. NONTH WE	TE REC'D. BY REGISTRAR 25b. REGISTRA	AR'S SIGNATUR

CHANGE CAN SERVE WALLE D'ANDE AND SAN THE SAN

VINARATE A LANGE TO A Salat 10752 Tulke Salath 196 1 Tigg A STATE OF THE PARTY OF THE PAR to be a finished to the second of the second of and with the manufacture of the last of the first of the last of t THE SHALL SHALL SHALL SEE THE STATE OF THE SHALL SHALL

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Æ		REGISTRAR				CERTIF	ICATE OF DEA	TH	REG. NO			
			RST	M	DDLE	t	AST			MONTH DA	Y YEAR 2	b HOUR
Ŧ	Casas	okreen) F1	del			Corr	el	4	Jan	uary 2	8 1982	1025a m
r	1. SE)	X .	4. RA	CE	0	5. DATE C			6. AGE (IN YEARS LAST BIRT	- /		F UNDER 24 HRS
		Maie		Philli	pino 8	Jar	DAY 1	100	81	YRS.	NIHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREK	GN 7b CI	TIZEN OF W	HAT COUNTRY?	8.		🖂	9. BALTIMORE CITY OF		OF DEATH	
	P	hillipines	1	J.S.A.		WIDOWE	NEVER MAR		Anne Arun	del Co	untv	MD
	10. CT	TY OR TOWN OF DEATH	11. N	NAME OF H	OSPITAL, NURSIN	G HOME C	R OTHER INSTITU	TION	120. USUAL OCCUPATION	NC	12b. KIND OF	BUSINESS OR
1	-	t. Meade, Md			FACILITY, GIVE STREET A		inity Hos	pital	Retired N		INDUSTRY	
L	USUA 13a, S Ma	AL RESIDENCE (IF NURSING H STATE aryland An	HOME OR OTHER COUNTY		ive residence before 13c. CITY OR TOWN Annapo!	٧.	134 INSIDE CITY I	LIMITS?	136 SI lopa	nna Po	ad	
-		THED'S NIA ME			, amapo,	1 ~,	15. MOTHER'S MA			iiid ivo	au	
7		IRST	MIDDLE		CORNEL		FIRST		NOWN MIDDLE		LAST	
		VAS DECEASED EVER IN U	J.S. ARMED F		166 SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRE	55230B	Hilitop	Lane
		es - Navy		Sir Brines,	570-40-2	672	Gale Kn	ox/Gr	anddaughter	Annap	olis. M	1d.
		18. CAUSE OF DEATH (E	nter only one	cause per l	ine for (a), (b), and	(c).}					APPROXIMA BETWEEN ON	TE INTERVAL SET AND DEATH
		PART I. DEATH WAS C	MEDIATE CAL	USE (o)		Ca	rdiac Ar	rest			30	min.
		4100		DUE TO, OR	AS A CONSEQUE	NCE OF						
		Conditions, if ony, wh		(b)	District E	No	t known/	Possi	ble Myocard (nfa	ial		
		gove rise to immedia couse (a), stating	the 10	UE TO, OR	AS A CONSEQUE	NCE OF			('nfai	oction	•	
		underlying couse lo	ost.	(c)	16142161		Land Str					
Ħ	7	PART 2 OTHER SIGNIFIC						THE TERMI	NAL DISEASE OR COND	ITION GIVE	NIN PART 1(0)	
	101		-	- /	Heart Fa							
7	CERTIFICATION	19a. DATE OF OPERATION	1	96 CONDIT	ION FOR WHICH	OPERATIO	WAS PERFORME	D	200 AUTOPSY?	20b. IF YES, '	WERE FINDING NG CAUSES O	S USED F DEATH?
	RTIF		-						YES NOLY	YES		NO 🗌
3		210. ACCIDENT WAS UNDERLY		16. TIME OF HOUR A.M	INJURY I. MONTH DA	Y YEAR	21c. HOW INJUR	Y OCCURRI	D (ENTER NATURE OF INJUR	IN ITEM 1B PAR	T 1 OR PART 2)	
/	MEDICAL	(IF EITHER, NOTIFY MEDICALE)	XAMINER)	P.M		19						
	WED	21d. INJURY OCCURRED	1	1e. PLACE O AT HOME, STREE	F INJURY Et, Factory, Office, Fa	RM, ETC)	21f. LOCATION STREET		CITY OR TOV	/N	COUNTY	STATE
		WHILE NOT WHILE				00 1		26				
-1	-	220.1 certify that (I) (this	s hospital) of	ttended the	deceased from	18.	anuaryı	981/18	E. № 28 Jan	Jary 19	8 Rectho	ot (I) (we) lost
		sow the deceased of above, (I) (we) (did) ((XXX) view	v the body o	fter death.			r) opinion a	eoth occurred on the do	le ond hour d		
		226. SIGNATURE	4201	1X.	and Me			NDING	MEDICAL STAF	110	22c DATE SI	
-	13	22d. PHYSICIAN'S NAME	AND CE E	mul	CATIMA	1	PHY.	SICIAN [DIRECTOR PHYSIC	AN 🗌	28 Ja	n 82
					T 140			h .				
	22 0	Milton T.				4445.05.5			my Communi-	y Hos	pital	
		EMATION /BURI		DATE 2-3-19		IN TON	NATIONA		23d. LOCATION		COUNTY	STATE
	- CL		4 1 144		UL FILL	APA T APA	MALLANA	LI LAPAVI	Arlingt	717	W 1 2000	Anta.

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the haspital or attending physicia

DHMH-16 30M 2/80 (VRA 15, 4)

24. FUNERAL DIRECTO

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and computity filling in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 whould be the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other traumatic event, the medical

23d LOCATION
CITY OR TOWN
Arlington COUNTY

250. DATE REC'D. BY REGISTRAR 1. CONSTRUCT STORY

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4	/	1	FOR STATE			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 2	0	0 1	2 5
/1			REGISTRAR Ite		- G563	- 1/25/8	STERILL	ICATE OF DEATH	REG. N			3
. ne			CE ASED NAME	FIRST		WIDDLE		AST	2a. DATE OF DEATH	MONTH E	OAY YEAR	2b HOUR
deg deg		3. SE		nna	4. RACE	Lizabeth 1		C D ID THE	1.105	11	82	7 P. M
	20	3. 30	^ Female		hite		5. DATE C	DAY TOTAL	6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	HOURS MIN.
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(IAI)	35		Stevensvill	e, Md		WHAT COUNTRY	MARRIE	D NEVER MARRIED DIVORCED	Anne Aruno			MD.
by the	Softed .	A:	ity or town of deat nnapolis		Arunde]	the facility, give street in General	Hosp	OR OTHER INSTITUTION	12a USUAL OCCUPAT LTYPE OF WORK FOR MOST housewife	OF WORKING LIFE		F BUSINESS OR
filled in bould be	Sept Company	13a. M		13b. COUN	other institution ty 1 Anne	GIVE RESIDENCE BEFORE 136. CITY OR TOWN Stevens	V	13d. INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS Rt. #3 Box	22 – B	21666 Steves	
12	,d	14. F	ATHER'S NAME	N	AIDDLE	LAST		15. MOTHER'S MAIDEN NAM				
duc /	1/1		Zell		nibott.	Baxter		Elva	WIDDLE	Clou	igh i	ī
pu pu	dico.		VAS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECU		17. INFORMANT	Rtadd#	Box	22 - B	
90 0 m	E		no			214-34-	5200	George F. Co	ouncil Stev	vensvi]		
requires that the death certifies en signed by the attending phy. Then please remaye carban par or to burial, cremation, an emplo	y injury, or ather traumatic event	TION	Conditions, if ony, gove rise to imme cause (o), stating underlying cause	which ediote the last	DUE TO, O DUE TO, O OUE TO, O (c) ONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE DONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM			N IN PART 10	
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g physic ertificate iol-trans	lem 18 st		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA	USE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF JAH)	JRY IN ITEM 18 PA	ART 1 OR PART 2)	
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he hospital ar DIRECTOR: Af oched for use a	If Nem 21 is ma		220.1 certify that (I) to saw the deceased obave (II) web (die 22) SIGNATORE	200	al) attended the			d that in (by) our) opinian of	death occurred on the c		and from the	
retained by th TO FUNERAL should be dete with the State	MPORTANT:		226 PHYSICIAN'S NAA Dr. Willi	1		M.D.	9 /	PHYSICIAN 2220. ADDRESS 505 Dutchma	KDIRECTOR PHYSI	and a	MA 216	501
5 5 5 8 3	₹ -		BURIAL, CREMATION, RI		23b. DATE		AME OF C	EMETERY OR CREMATORY	23d. LOCATION	20 (011]	uu. CIL	<u> </u>
BP			Burial		1-14-8	32 St	evens	ville Cemeter	y Stevens	rille G	ueen A	nne Md.
HMH - 16 50M 1	/B1	24. F	UNERAL DIRECTOR			Bo	× #66	-B 250 DATE	REC'D. BY REGISTRAR			
(VRA 15, 4)		Не	lfenbein-Hu	bbard	Funera				N 18 1982	There	2 Van	Weither

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X	8	1	FOR - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		00126
by be		(TYP	CEASED NAME FIRST	MIDDLE	Curtin	REG. NO. 20 DATE OF DEATH MONTH	18 8Z 740 4M
Page 4 mc	director pours offi	3. SE	ETHPLACE (STATE OR FOREIGN	1. RACE 1. LITIZEN OF WHAT COUNTRY?	S. DATE OF BIRTH MONTH DAY YEAR B 10 13 10	6. AGE (IN YEARS LAST BIRTHDAY) 6. AGE YR 9. BALTIMORE CITY OR COU	
Per death.	the funeral	10 C	ITY OR TOWN OF DEATH	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED GHOME OR OTHER INSTITUTION	Anne Ar	12b. KIND OF BUSINESS OR
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AARYLAN d within 2	d 2 sh	14. F.	7	MIDDLE CLAST	15. MOTHER'S MAIDEN N	MIDDLE	e Greenwood Acres
BALTIMORE, MARYLAND	Pages 1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT OF	S Curtin	Same as
. 7 4	ng physicial rbanpapers. r remaval. ic event, the		18 CAUSE OF DEATH (Enter or PART), DEATH WAS CAUSE IMMEDIA	nly one couse per line for (a), (b), and D BY TE CAUSE (o)	udeath		APPROXIMATE INTERVAL BETWEEN ONSET AND FATH MYNULO,
: PRESTON ST	the attending remave carb emation, ar r er traumatic		Conditions, if any, which gave rise to immediate couse (a), stating the	(b) ORAS A CONSEQUE	ation (2)	A	
05, 201 W.	signed by the hen please rer to burial, crem ijury, ar ather	z	PART 2 OTHER SIGNIFICANT (1 10 Musc	ulas dipotro	MINAL DE ASE OR CONDITION	GIVEN INPART 110
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN. The low requires th	has been to permit. I ene prior to paws any ir	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{VOLUME} \)
SION OF VITA	ng physician. certificate has urial-transit per tental Hygiene Item 18 shaws	MEDICAL CER	210, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	P.M.	Y YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	
DIVISIO	After this cer e as the buria alth and Ment marked ar Iter	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 Leastifus that (1)	21e. PLACE OF INJURY (AI HOME STREET, FACTORY, OFFICE, FA 101) ottended the deceased from	IRM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTEN	DIRECTOR: DIRECTOR: ached for us Dept. of He f Item 21 is		ow the deceased alive obove, (I) (19 19	gnd that in (my) (sor) opinio	n death occurred on the date and	., 19, that (I) (me) lost hour and from the causes stated
PITAL	ERAL ERAL State		22d. PHYSICIAN'S NAME (TYPE O	MULOCUL (R PRINT)	ATTENDING PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN	1-18-82
	TO FUN should be with the IMPORT	23a I	BURIAL, CREMATION, REMOVAL	ERKOUW 135 N	AME OF CEMETERY OF CREMATORY	CITY OR LOWN	- COUNT O STAN
DHM	H - 16 50M 1/81 (VRA 15, 4)	24 FI	UNERAL DIRECTOR	or & Sans An	onpolis mil	TE RECID. BY REGISTRAR	S LAN IIII

CTATE OF MADVIAND

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.i.e. The property as a ANNEL ADMINISTRAÇÃO CENTA convious of A. A. . Then Counts of the Chairman Michael rest in the later of the state A district present to be remarked the remark to the contract of the contract o Little A. A. A. S. C. A. B. L. Min Lev. Str. calming religion plugg. Discusses

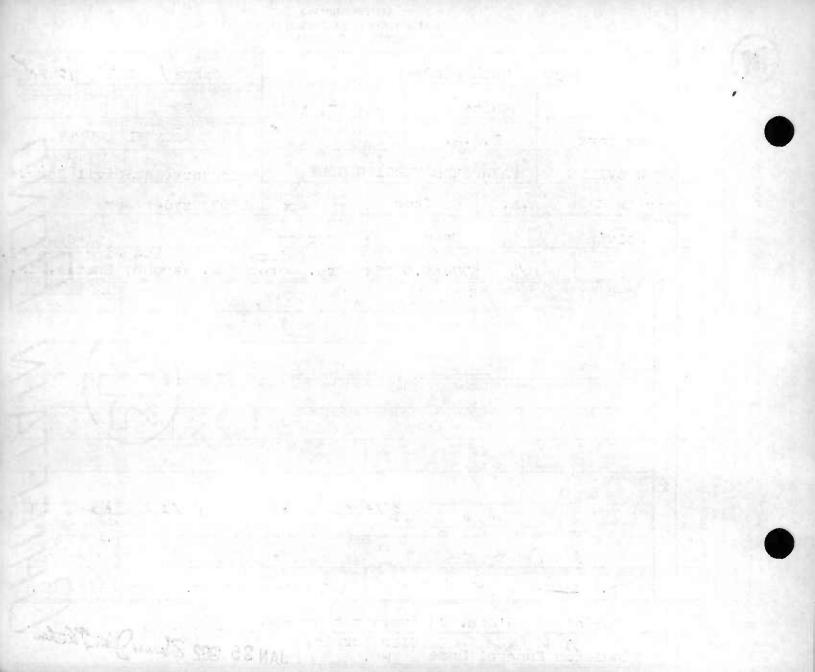
MD.

Singleton Funeral Home

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

(VRA 15, 4)



Loring Buers Funeral Directors, Inc.

- STATE

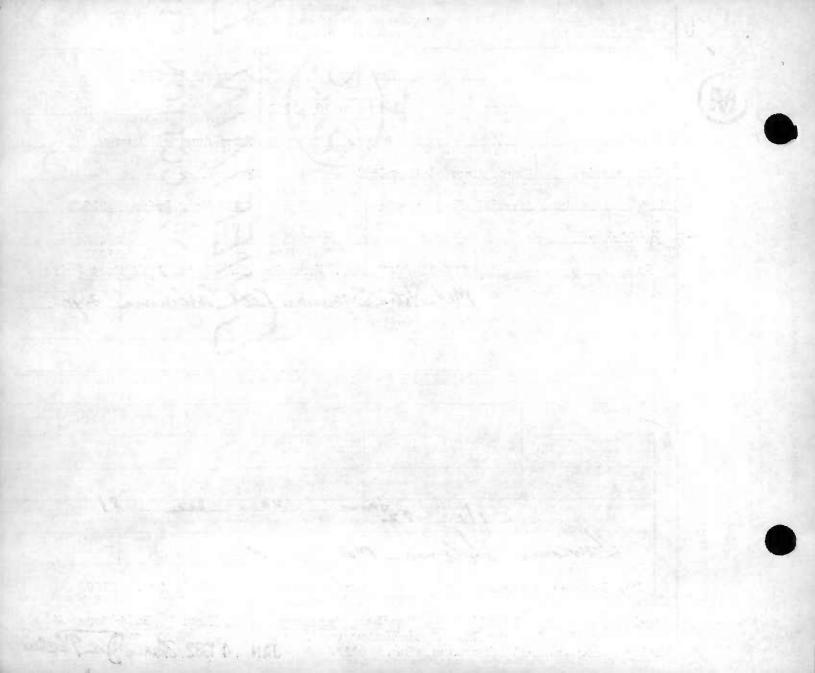
Burial

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR DECEASED NAME

STATE OF MARYLAND DEP'ARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2g. DATE OF DEATH MONTH January 1. 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel County 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Home maker 13e. STREET ADDRESS 7744 West Drive 21061 MIDDLE McConnell Veronica Shifflett 7744 West Drive 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Reisterstown Rd & Slade Ave. Woodlawn Baltimore Woodlawn Cemetery 14 FUNERAL DIRECTOR 8728 Liberty Rd. Randallstown, Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRA

21133



ATTENDING

TO FUNERAL DIRECTOR: After should be detached for use with the State Dept. of Heal

	1-	FOR - STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	0	0 !	3 0
		CEASED NAME FIRST (harl	MIDDLE	0:6	AST .	2a. DATE OF DEATH		19 82	2b. HOUR
	3 SE	x Male	4 RACE White	5. DATE C	of BIRTH 1917 1917	Jan. 12. 6 AGE IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
5	Mai	RTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? USA	WIDOWE		A.A.(0.		OF DEATH	,MD.
2	(Glen Burnie	11. NAME OF HOSPITAL, NURSIN (IF NOT INSUCHFACILITY, GIVE STREET, 7226 (NOWN Rd.	Glen	Burnie, Md.	(TYPE OF WORK FOR MOST O	F WORKING LIFE		City Depa
5	130 5	aruland 1317 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE STY 13. CITY OR TOW Daltimor	N	13d. INSIDE CITY LIMITS? YES NO 🗌		ment S	t.Balt	o.Md.
0	14. FA	Joseph -	DiBlasi		15. MOTHER'S MAIDEN NAM	MIDDLE		(hiora	monte
2		VAS DECEASED EVER IN U.S. AR; yes, no or unknown) (IF yes, Givi	MED FORCES? 166 SOCIAL SECU 213-09-6		Mr. Joseph V	DiBlasi In		(rown	Rd.G.B.
		PART I. DEATH WAS CAUSE	ly ane cause per line for (b), and DBY: "E CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	John lung			APPROXI BETWEEN C	MATE INTERVAL PASET AND DEATH
	TION		conditions <u>contributing to </u>	2.30		INAL DISEASE OR CON			
7	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION		200 AUTOPSY?	IN CERTIFY YES		OF DEATH?
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18. PA	RT T OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FA	ARM ETC)	211. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE

21d. INJURY OCCURRED NOT WHILE

22a. L certify that (1) (this haspital)

grended the deceased fram

CITY OR TOWN

and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated

COUNTY

saw the deceased alive an abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Burial

230. BURIAL, CREMATION, REMOVAL

emetery

22e ADDRES

Battimore,

DHMH - 16 50M 1/81 (VRA 15, 4)

(SPECIFY)

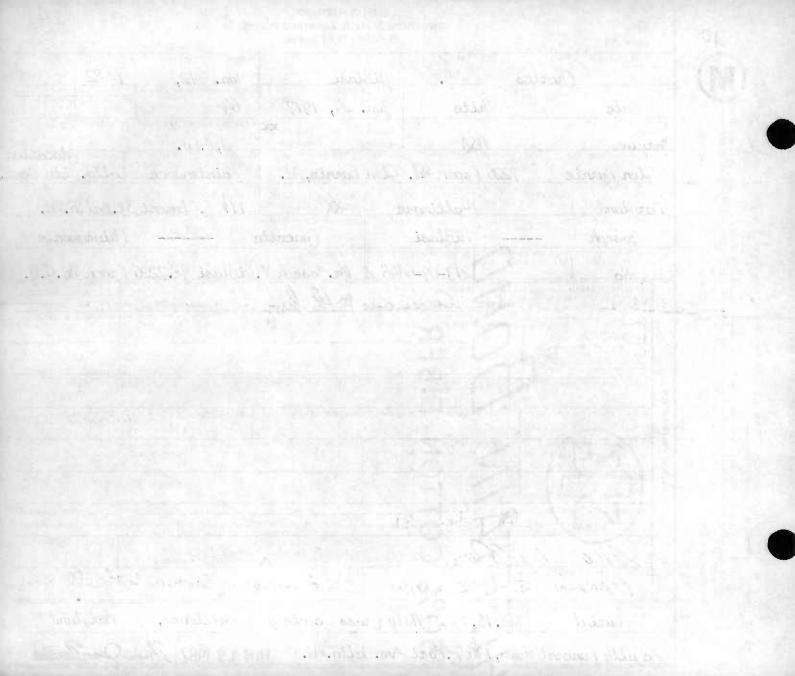
or Item 18 shows

IMPORTANT:

ully Funeral Home, 130 E. Fort Ave. Balto. Md.

Jan. 16, 1982

REGISTRAR



X	1-	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2 REG. NO.	0	0	3
X		CEASED NAME FIRST	VIN MIDDLE	A. 2	Dick CK	20. DATE OF DEATH MO	NTM DAY	15 YEAR 2 1982	2 b . HOUR -12
	3. SE>	Male	4. RACE White	5. DATE (6. AGE (IN YEARS LAST BIRTHO)	YRS.	UNDER I YEAR	HOURS
X	o. BII	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT C	OUNTRY? 8. MARRIE WIDOW	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR C Anne Arund	OUNTYO		
		ry or town of DEATH	(IF NOT IN SUCH FACILITY		OR OTHER INSTITUTION Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Painter	ORKING LIFE)	126 KIND OF INDUSTRY Retir	
L mast	13a. S		DUNTY 13c. CIT	pence before admission) Y OR TOWN Annapolis	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS RFD 6 1051	Broa	dview	Drive
exomine 20	4. FA	THER'S NAME FIRST Alexander	MIDDLE .	Dick	15. MOTHER'S MAIDEN NAME FIRST	S. MIDDLE			pting
event, the medical		(AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	CIAL SECURITY NO. 2-12-6051	17. INFORMANT Wayne C. Di	ADDRESS Lok, Sr. RD5		nton, 9 0	N.J. 8037
injury, or ather troumotic	7	Conditions, if any, which gove rise to immediate couse (a), storing the underlying couse last. PART 2. OTHER SIGNIFICAN	(b) DUE TO, OR AS A C		NOT RELATED TO THE TERM!	inal disease or conditi	ION GIVEN	IN PART 1(0)	
shaws ony inju	CERTIFICATION	198 DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20	Db. IF YES, W CERTIFYIN YES [VERE FINDING	GS USED OF DEATH
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MC		21c. HOW INJURY OCCURR				
marked ar I	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJU (AT HOME, STREET, FACTO		211. LOCATION STREET	CITY OR TOWN		COUNTY	STA
If Item 21 is		22a. I certify that (I) (this has sow the deceased alive above, (I) (we) (glid) (did 22b. SIGNATURE	and wew the body of to de	Control of the contro		teoth occurred on the date. MEDICAL STAFF DIRECTOR PHYSICIAN			7.66
MPORTANT		DO NA	LD H.	H19/40		Hospital, A	nnapo:	lis, M	d.
_	230. B	URIAL, CREMATION, REMOV SPECIFY) 121	23b. DATE 1/19/82		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Baltin	ore _	OUNTY	. Y

DHMH-16 30M 2/80 (VRA 15, 4) ²⁴ FUNERAL DIRECTOR Witzke P.A.

ADDRESS
1630 Edmondson Avenue, Catonsville, Md. 21228

DATE REC'D. BY REGISTRANDY REGISTRA

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6		FOR 1 - STATE REGISTRAR	DEPART	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 2 0	0
y be	(1. DECEASED NAME	EDNA L.	DICKEY	20. DATE OF DEATH MONTH	13-8
ge 4 no	MI	Female	Caucasian	5. Date of Birth Jan. 20°, 19°09	6. AGE (IN YEARS LAST BIRTHDAY) 72 YRS.	IF UNDER 1 YE
deoth. Po	30	O. BIRTHPLACE (STATE OR FO	OREIGN 76. CITIZEN OF WHAT COUNTRY	RARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDE	OF DEATH
rs offer o	11 3	ANN APOLIS		ING HOME OR OTHER INSTITUTION IT ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Housewife	12b KINI
24 hou	filled hould be	USUAL RESIDENCE (IF NURS)	ING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORM 136. CITY OR TOY Calvert LaPlata	WN 113d. INSIDE CITY LIMITS?	130 STREET ADDRESS P.O.Box 431	
ed within	ampletely on 2 st	14. FATHER'S NAME FIRST Charle	s Stack	15. MOTHER'S MAIDEN NAI FIRST Juli	WE	Sea
oe execut	Poges 1	160 WAS DECEASED EVER I (YES. NO OR UNKNOWN)	IN U.S. ARMED FORCES? 166 SOCIAL SEC		ADDRESS	
s that the death certificate b	ed by the attending physicia blease remave carbonpopers rial, cremation, ar remavol. ar ather troumotic event, the	PART I. DEATH W. / 8 3 0 Conditions, if ony, gove rise to imm cause (a), stating underlying cause	which nediote g the lost (c)	that A Miller of Me JENGE OF LINGUA OUC	nitinini	APPR BETWE
d vire	Then p to bu	7 /	VIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART

126 KIND OF BUSINESS OR RKING LIFE) INDUSTRY 0 Seauberlick bove address APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ON GIVEN IN PART 10 CERTIFICAT 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 22a.l certify that (1) (this hospital) attended the deceased from sow the deceased all above, () we) (did) di our) opinion death occurred on the date and hour and from the couses stated w the body ofter death. DEGREE 22c DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) STATE Burtar
Ralley's F.H.
Inc. 1/16/1982 Rock Creek Cem. Wash.

ADDRESS Mt.Rainier,

Hd.

750

ATE RECID. BY REGISTRAR 258 SEGISTRAR SEGISTRAR SEGISTRAR

DHMH - 16 50M 1/81 (VRA 15, 4)

FUNERAL DIRECTOR:

etoined by

BP.

far use as the burial-tronsit permit. of Heolth ond Mentol Hygiene prior this certificate has bee

shaws

is morked or Item 18

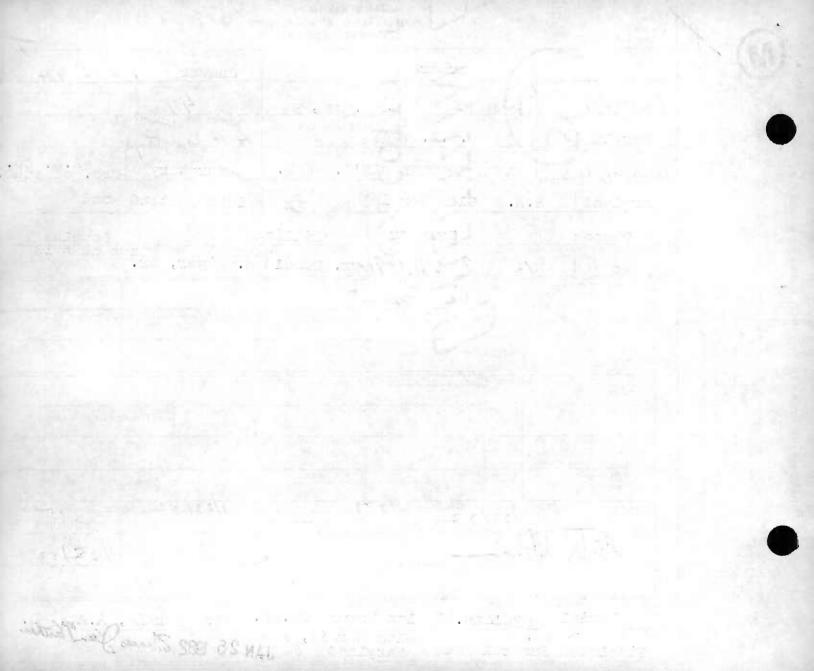
IMPORTANT

27 3.51 Jellongian Jan.20, 1974 7 ICE TO LE DE LE DESCRIPTION DE Assessed a votal . . English in -87-31 LATER DOWN TO BOWLER (A) bift and the second of the Let us to C. Sandardines To Co. S. C. C. Sandardines Co. S. C. Sandardines

, &	1 - STATE REGISTB1a	nche	Jones	CEDTI	HEALTH AND MENTAL HYG	REG. N	0 0	3 55 0
ge 3	1. DECEASED NAME (TYPE OR PRINT)	BLANC	MIDDLE	D	NohuE	20. DATE OF DEATH		2 7 Tame
ge 4 mo)	Female	2 A R/	White	S. DATE	OF BIRTH TH DAY 18, YEAR 903	6. AGE (IN YEARS LAST BII	YRS.	RIYEAR IF UNDER 24 HRS DAYS HOURS MIN.
death. Po	76. BIRTHPLACE (STA	ALC: NO	U.S.	A . MARRI		ANNE AR	OR COUNTY OF DEA	MD.
urs after upy the liftled with	HUNAPOLI	5 A.	(IF NOT IN SUCH FACILITY,	SIVE STREET ADDRESS	NETAL HOSTE	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF House Wi	OF WORKING LIFE) INDL	NIND OF BUSINESS OR USTRY Own Home
in 24 ho ly filled in shauld be	USUAL RESIDENCE (1 130. STATE Md.	136 COUNTY A • A	13c CITY	ence before admission or town nover	YES NOXXX	7408 Haw	kins Dr	. 21076
camplete I and 2	James	A.	Jon		15. MOTHER'S MAIDEN NA Mabel	B.		unkown)
an and c	NO WAS DECEASED I	EVER IN U.S. ARMED		-26-1145	Mrs. Karen	ter) ADDR D. Bower	s Balto	Paca St. Md.2120
g physici anpaper remavol. event, th	18 CAUSE OF U	DEATH (Enter only on TH WAS CAUSED BY IMMEDIATE CA	(0)	Cence	na of le	ency-	8E	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
death cr attendin nove carb otion, or raumotic	Conditions, if	ony, which	DUE TO, OR AND	ONSEQUENCE OF	restind	metas	fores	12mo
d by the lease ren ial, crem ar other t	cause (a), underlying	stating the	DUE TO, OR AS A CO					
requires	PART 2 OTHER				T NOT RELATED TO THE TERM			
cion. re hos be sit permi giene pri shows an	19a DATE OF OF				DN WAS PERFORMED	YES NO	YES 🗌	AUSES OF DEATH?
SICIAN: ng physi ng certificat certificat uriol-tran Nental Hy Item 18:	OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MO P.M.	NTH DAY YEAR 19		RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR P	ART 2)
inG rmr after this as the bo	AT WORK	OT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET FACTO	RY. OFFICE, FARM, ETC.)	2 If. LOCATION STREET	CITY OR TO	OWN COU	NTY STATE
Allend ospital o eCTOR: A d for use t. of Hea m 21 is m	sow the de obove, (1) (v	ceosed olive on (did not) vie	5 Jan	1982	and that in (my) (and apinion	Z, to Sourced on the de		
ITAL OR Dy the hoy RAL DIRI detoche itote Dep itote Dep	De SIGNATUR	M. Oxei	Landso	A, W. m		MEDICAL STA DIRECTOR PHYSIC	FF 1	-6-82
O HOSP to HOSP TO FUNE should be with the S	72d PHYSICIAN	M. RIGGA	RUSON, N		Forbess	theet ANI	VAPOlis	, md 21401
BP	Burial CREMAT	9	1 1 1		CEMETERY OR CREMATORY OVER Mem. P			ňond Ga.
HMH - 16 50M 1/B1 (VRA 15, 4)	Singleto	n Funera	MULLS Home	Glen Bur		N 7 1982	PAREGISTRA SA	BULL PRINCE

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17	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 2 0 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.						3 4
2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		EASED NAME FIRST DOROTHE	ea Lillian	Dorsch	January	20, 1982	5:53A M
a cher d	3. SEX	Female	White	5. DATE OF BIRTH MONTH JULY 16 1920	6 AGE (IN YEARS LAST BIRTHI	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Percent of the second of the s	To BIRTHPLACE ISTATE OR FOREIGN COUNTRY) COUNTRY)		76 CITIZEN OF WHAT COUNTRY? MARRIED M NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel County MD.		
offer of with ed with	91	en Durnie	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION North Arunder General Hospital		120. USUAL OCCUPATION (TYPE OF WORK FOR MOTHOR WORKING LIFE) RETURNED FOUNTAIN TYPE. Read A		
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makyta ed within ond 2 sh exominer		Augusta	Wenzke	15 MOTHER'S MAIDEN NAI Lillian	WIODIE	Ingil	ey
be execut on ond co s. Pages b	160 W (YE	AS DÉCEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECULAR		onsch (Same	as 13e. abo	MATE INTERVAL ONSET AND DEATH
, 301 W. PRESTON 51., and the death certificated by the attending physical please remove carbon purial, cremotion, or removial, cremotion, or remover.	NO	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (cl.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
I low r low	CERTIFICATION	19g. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOPSY?	206. IF YES, WERE FIND II IN CERTIFYING CAUSES YES	
DIVISION OF VI DITAL OR ATTENDING PHYSICIAN: by the hospitol or ottending phys ERAL DIRECTOR: After this certifica e detached for use as the buriol-tran State Dept. of Health and Amental thy ANT: If them 21 is marked or them 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	19	RED (ENTER NATURE OF INJURY	Y IN ITEM 18, PART 1 OR PART 2	
	MEDI	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOW	N COUNTY	STATE
		saw the deceased alive of	ital) attended the deceased from, 14-52 19 The province the body after death.	, and that in (my) (our) opinion	death occurred on the do	te and hour and from the	
		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12182 220. ADDRESS 6 20 9 Fraction RJ,					
TO HOSI retoined TO FUN should b with the	23o. B	SURIAL, CREMATION, REMOVAL	1-10	NAME OF CEMETERY OR CREMATORY	23d LOCATION BCITYOR TOWN	Anne Arund	STATE
BP		Burial UNERAL DIRECTOR Mc Che Director and Tic	lly Funeral Home	edan Hill (emetery of Pasadena 155 BA sadena, Nd. 21122	RECOUNTRY REGISTRAN	REGISTI ANS SIGNA	Weither ?



		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	00136
		STATE REGISTRAR	CERTIFICATE OF DEATH	G. NO.
e & £		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEAT	
page 3	3. SE		RACE S. DATE OF BIRTH 6 AGE (IN YEARS IA	ST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Page 4 m	J. JE	Female	white 8-4- 96 8	MONTHS DATS HOURS MIN.
å (18/1) C	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CI	TY OR COUNTY OF DEATH
99 55	10. C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 126, USUAL OCCU	PATION 126 KIND OF BUSINESS OR
by the	F	Innapolis		OST OF WORKING LIFE) INDUSTRY
4 haur	USU 13a. :	AL RESIDENCE OF NURSING HOME OR OTATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
2 重 2	14 E	THER'S NAME	N 11.	arden Gate Lane
completely 1 and 2 sh	14.17		IDDLE LAST FIRST MIDD	ne Rische
Pages 1		VAS DECEASED EVER IN U.S. ARA	NED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT AL	DORESS Same as
0 50		NO -	- 1219-05-4508 Margaret Kambri	ich #13
g physici anpaper emoval.	19	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	BY: //n. // Margarit	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
h ce or or o	1	4409	DUE TO, OR ASIA GONSEOUENCE OF	
atten nove cotion, troum		Conditions, if any, which gove rise to immediate	(b) filler alonger	
by the		cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
gned n pled burial ry, or		PART 2. OTHER SIGNIFICANT C	DNDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(0)
	TION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
we hos	CERTIFICATION	DATE OF OPERATION	YES \ NO	IN CERTIFYING CAUSES OF DEATH?
SICIAN: The le ng physicion. certificate hos viol-transit per tem 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF	
SICI, ng p certi	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 19	
G PHY attendi	MEC	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY	OR TOWN COUNTY STATE
NDIN I or of R. Aft use os teolth		22a.1 certify that (1) (this hospite		1000 19 8/, that (1) (we) Tost
ATTE aspito ECTO d for t. of t. m 21	6	sow the deceased plive on obove (h (we) (did) (did not		
TAL OR A y the has RAL DIREC detoched forte Dept.		22b. SIGNATURE	DEGREE ATTENDING MEDICAL DIVING THE PROPERTY OF THE PROPERTY O	STAFF 22t. DATE STENED
= 9 111 0 10 2		22d. PHYSIC N'S NAME (TYPE OR	PHYSICIAN DIRECTOR PH	ISICIAN 17 4 MILLO 2
retained by to FUNERAL should be de with the State		Jon BL	-owe mid 121 Cathedral s	Th. Annapolis, MU
BP	230. 1	URIAL CREMATION, REMOVAL PECIFY)	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN	N TE CONTYN STATE
DHMH - 16 50M 1/81	24. F	JNERAL DIRECTOR	Danie, MIZI Cecar Diutt Cem. I Hona 250. Date REC'D. BY REGIST	
(VRA 15, 4)	K	ohn M. Taylor	¿ Jons, Annapolis, MU JAN 6 19	32 Many June

STATE OF MARYLAND

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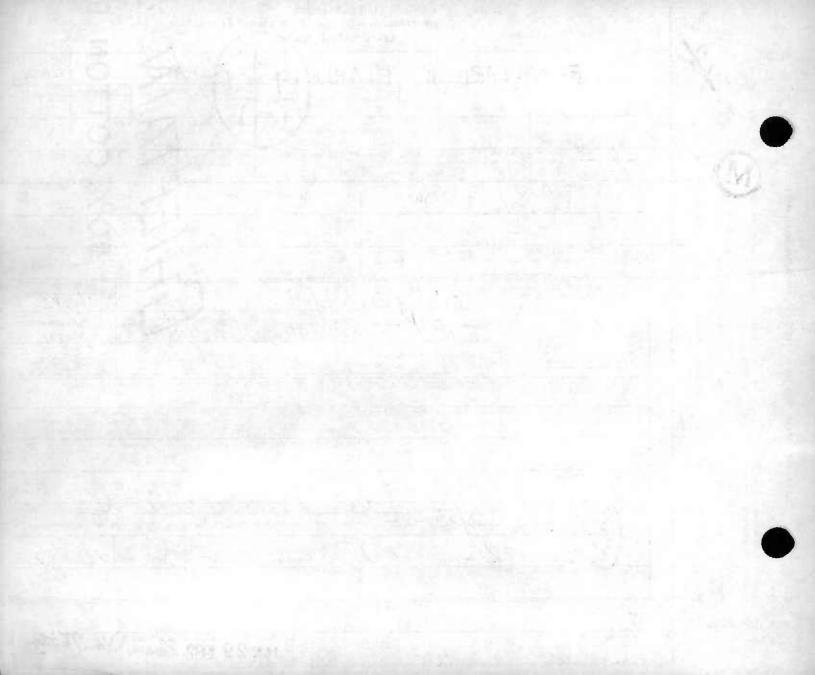
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 - FOR STATE REGISTRAR	DEPARTMENT OF HEA	F MARYLAND LTH AND MENTAL HYGIE ATE OF DEATH	ENE B 2 (0 1 3 8
1. DECEASED NAME FIRST (1YPE OR PRINT) 3. SEX	MIDDLE LAST LAST 4 RACE S. DATE OF B	HERTYST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 745 A M IFUNDER 1 YEAR IFUNDER 24 HRS
Male 70. BIRTHPLACE (STATE OR FOREIGN 7)	White Feb	7, 1902 X NEVER MARRIED	79 YR 9 BALTIMORE CITY <u>OR</u> COU	
5-4	11. NAME OF HOSPITAL, NURSING HOME OF C	OTHER INSTITUTION	Anne Arundel 12 a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	
136 COUNT Md 14 FATHER'S NAME	Co. Shadyside Y		Supervisor Ise STREET ADDRESS 4735 Idlewil E MIDDLE	Wash. Termina de Rd.
Unknown 160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE V	Flaherty AED FORCES? 16b. SOCIAL SECURITY NO. 17	Elizabeth INFORMANT Cornelia F	ADDRESS	Robey
Conditions, if dny, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEQUENCE OF ,		C-V-chsease	APPROXIMATE/NITERVAL BETWEEN/ONST AND DEATH 1/4/82 C/CU V5.
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION W	VAS PERFORMED	20a AUTOPSY? 20b. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
VII. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF DEATH OF COUNTY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE DOWNING WILE	P.M. 19	It. LOCATION	D (ENTER NATURE OF INJURY IN ITEM	COUNTY STATE
27a. I certify that (I/ (this haspital soy the deceased alive on above, (I) (we) (did) (did not). 27b. SIGNATURE	view the body after death,	GREE ATTENDING		haur and from the couses stated
22d, PHYSICIAN'S NAME (TYPE OR P		2e ADDRESS		
236 BURIAL, CREMATION, REMOVAL (SPECIFY) Buhial 24 FUNERAL DIRECTOR NAME T.A. Hardesty	4 00 00	COLN 250. DATE F	23d. LOCATION CITY OF TOWN Brentwood REC'D. BY REGISTRAR 2519 REC 2 9 1982	



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ave carbanpapers. Pages 1

A	1.	FOR .	,		DEPARTA	MENT OF H	E OF MARYL EALTH AND ICATE OF	MENTAL HY	GIENE B	2	0	0	3 9
	1 05	REGISTRAR						DEAIN		REG. NO			E.S.T.
		ECEASED NAME DE OR PRINT)	VIRG	INIA	NELLIE	-	OSTER				1, 1982		5:28 A
	3. SE	X	4	RACE		5. DATE C			6 AGE (IN	YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
		Female	100	White		Sep	t. 5,	1918		63	YRS.	NIHS DAYS	HOURS MIN.
35		IRTHPLACE (STATE OR FO	DREIGN 7	L CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE		MARRIED	ANTERY		COUNTY O		
4		LEN BURNIE	rH 1	1. NAME OF	HOSPITAL, NURSING HEACILITY, GIVE STREET ARUNDEL	ADDRESS)	R OTHER INS		12a USUAL (TYPE OF WO	OCCUPATION OF MOST OF	WORKING LIFE)	126. KIND C	of Business or
5	130. 5	MD	NG HOME OR		GIVE RESIDENCE BEFORE 131. CITY OR TOW Glen B	N	13d INSIDE (NO 🔼	13e. STREET	ADDRESS	r Dri		
20	14. F.	Everett		DDIE J •	Foster	,		s MAIDEN NA	AME	MIDDLE	1	Keste	r
1		WAS DECEASED EVER II YES NO OR UNKNOWN)		ED FORCES? WAR OR DATES}	236-40-		17 INFORM		e, 411	Arbo		ive,	Glen:
		18. CAUSE OF DEATH PART I. DEATH WA 5 5 7 0 Conditions, if ony, gove rise to imm couse (o), stoting	AS CAUSED MMEDIATE which ediote	DUE TO, O	R AS A CONSEQUE	Th'ce	f la	ruge	Ance (o be	ruel	APPROXI BETWEEN (MATE INTERVAL ONSET AND DEATH
9	CERTIFICATION	PART 2 OTHER SIGN ASU 19a. DATE OF OPERAT	2. 0	ONDITIONS CO	Mosaux	DEATH BUT	Kack	20	AINAL DISEAS 200 AUTO	PD	ITION GIVEN	VERE FINDIN	NGS USED
9	MEDICAL CERTIF	21a, ACCIDENT WAS UNDE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	LEXAMINER)	P. 21e. PLACE	M. MONTH DA M.	19	216 HOW IN		YES T	NO	YES		NO STATE
		220.1 certify that (1) (saw the decease above, (1) (we)(di 22b. SIGNATURE)	this hospito	1-7	3-120		d that in (my)	(our) opinion	, to death occurre	1- 2 ed on the dot	e and hour o		

TO FUNERAL DIRECTOR: After this certificate has been should be detached for with the State Dept. of IMPORTANT BP DHMH - 16 50M 1/BI (VRA 15, 4)

230. BURIAL, CRÉMATION, REMOVAL (SPECIFY)

Burial Jan 82

23c. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

22e. ADDRESS

PURNIE MARYLAND 21061
y 23d LOCATION CHYORTOWN COUNTY
Baltimore

300 HOSPITAL DRIVE, SUITE 135

STATE MD

24 FUNERAL DIRECTOR James S. Kirkley, Glen Burnie, MD

STERN, M.D.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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					STATE OF MARYLAND	- k 176	4
H		1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		00140
1		1. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. N	O. MONTH DAY YEAR 26 HOUR
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моу	0 0	3. SE		LEE RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	UIJ ZIJ B Z ID P M
4 1	1		1. 1.	ull Le	MONTH DAY YEA	AR	MONTHS DAYS HOURS MIN.
P 00 0	21/1)	7n. B	RTHPLACE (STATE OR FOREIGN 7	B. CITIZEN OF WHAT COUNTR'	05/11/0		O YRS DR COUNTY OF DEATH
4.	\$82		COUNTRY	1150	MARRIED L NEVER MARRIE	D	COUNTY OF BEATH
de	with with	10. C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL NURS	WIDOWED DIVORCE		ndel County MD.
_ 0	filed wi	1	mapolis	Anne Arundel		LIBRIGADO	126. KIND OF BUSINESS OR
212	E 9 9		AL RESIDENCE (IF NURSING HOME OR C	THER INSTITUTION GIVE RESIDENCE BEFO	DRE ADMISSION)	41 NEWSPRP	LK PG:
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours	2 should be shou	130.	13b. COVN	HUWAI	YES NO	13e, STREET AODRESS	ISET DR
RYL vithii	4.2 st	14. F	HER'S NAME	IDDIE 1	15. MOTHER'S MAID		
W Ped	duo Ox	1	ENRY HE	EST LL	E Luch	EtiA MIDDLE	CHUEUS
ORE,	Pages 1		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNIXNOWN) (IF YES, GIVE	WAR OR DATES)	CURITY NO. 17, INFORMANT	ADDRI	ESS
be e			NO -	- 214-05	-1152 MIRIAI	4 T. JONE	s # 13
	opersonal, and the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), (and (c.)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S t	ig phys son pop removo	н	IMMEDIATE	11 17 111	MIKAL CARC	INSMATOSIS	
PRESTON he deoth of	atian, or rroumatic		1830	DUE TO, OR AS A CONSEQ	UENCE OF	1100	i water to all
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law requir	0 - 0 >	CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	TON IE WES INVESTED TO THE STATE OF THE STAT
	t permi	IFIC.	17-77 81	DALLEL	OP-O II NA		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
IAN: Th physicio	ansit 1ygie 8 sho	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	131 HOW IN ILLEY O	YES NO	YES NO
	芸芸芸芸		OR CONTRIBUTING CAUSE OF DEATH	'	DAY YEAR	LEWISK WATORE OF INTO	RY IN HEM ID PART I OR PART 2)
NS IV SIG	buriol buriol Mente or Iten	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PŁACE OF INJURY	211 LOCATION		
	the ond	WE	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	FARM ETC) STREET	CITY OR TO	WN COUNTY STATE
ATTENDING Sepital or off	alth morl		22a.1 certify that (I) (this hospite) attended the deserred trans	12-17	81 . 1-	31 1082
TEN C	for use af He		saw the deceased alive on.	- 1 - 105	ond that in (my) (our) or	pinion death occurred on the de	ote and hour and from the causes stated
			above, (I) (we) (did) (did non)	view the body after death.	REGREE		22c. DATE SIGNED
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			ANTONO	KICAN	11.11 For	PROT DRIVE	Anlow Dall
of a c	of y	23a E	URIAL, CREMATION, REMOVAL	23b. DATE / 23c	NAME OF CEMELERY OR CREMAT	TORY 23d LOCATION	THUT FULL
BP	Mary 1	+	SURIAL	1/26/87	FDAR GPAUS	UPPEOL	K COUNTY MATE
DHMH - 16	5 50M 1/B1	24 FL	INERAL DIRECTOR	· Nil	1 / 1 / 25	JAN 26 1982	251 PEGISTRA SEIGNATION
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ge 4 mo	3. SE	Male	4. RACE Whi	te	5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
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filled in hauld be refinust be	13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 CO ID A	YTAL	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Glen B1	٧	13d. INSIDE CITY LIMITS? PYES X NO		n Blvd	, S.	W.
completely 1 and 2 sho		THER'S NAME Romie	MIDDLE G •	Gardn		15. MOTHER'S MAIDEN NA Annie	WIDDLE		Day	
on ond s. Pages			RMED FORCES? BIVE WAR OR DATES) VII	218-03		17 INFORMANT Sandra Ki	essling.93	Baltim 32 Ham	monds	MD B Land MATE INTERVAL DINSET AND DEATH
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nn. nos been signed permit. Then ple ine priar ta buria ws any injury, a	CERTIFICATION	PART 2 OTHER SIGNIFICANT		DITION FOR WHICH			20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	IGS USED OF DEATH?
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HOSPITAL OR sined by the ho FUNERAL DIRE void be detached the State Dept PORTANT: If ther		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE	ee.	· ·		ATTENDING PHYSICIAN		IAN 🗌	22c. DATE S	SIGNED
Gined by Church Could be dight the Start AND CARTAN		L. SEENIVA					HAMMONDS LA IMORE, MARY		225	

23c NAME OF CEMETERY OR CREMATORY

Glen Haven Mem.Pk Glen Burnie AA TOND 1250. DATE REC'D. BY REGISTRAR 29 PGISTRAR STATUF AND FEB 1 1982

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

236. BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR

23b. DATE

James S. Kirkley, Glen Burnie, MD

30 Jan 82

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Witzke Catonsville Funeral Home, P.A. 21228

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE TANK TER AND STREET OF THE STR Carried Section 1994 The state of the s Patter more, Make the Court and the Pattern Stoll Establication of the second the second of th Cast . E. No. 2000 Lar Dura . L.C. . ensign extal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR EST REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) JANUARY 8, 1982 11:15P 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR A&P Stores Chauffer Working Life 131432 Knightsbridge Turn Road, Brady Lillian Gilmore-wife- (same as 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 2. ond that in (my (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN

DHMH - 16 50M 1/81

(VRA 15, 4)

24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home S.S. Md.

1-12-1982

Burial

11800 N.H. Ave..

Holy Sepulcher Cemetery Oak Lawn Oak Lawn

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

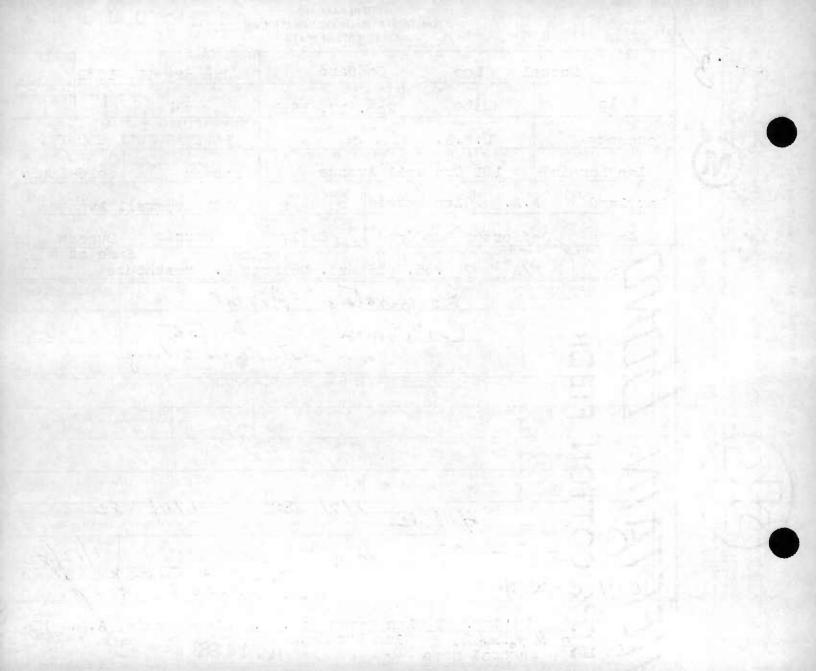
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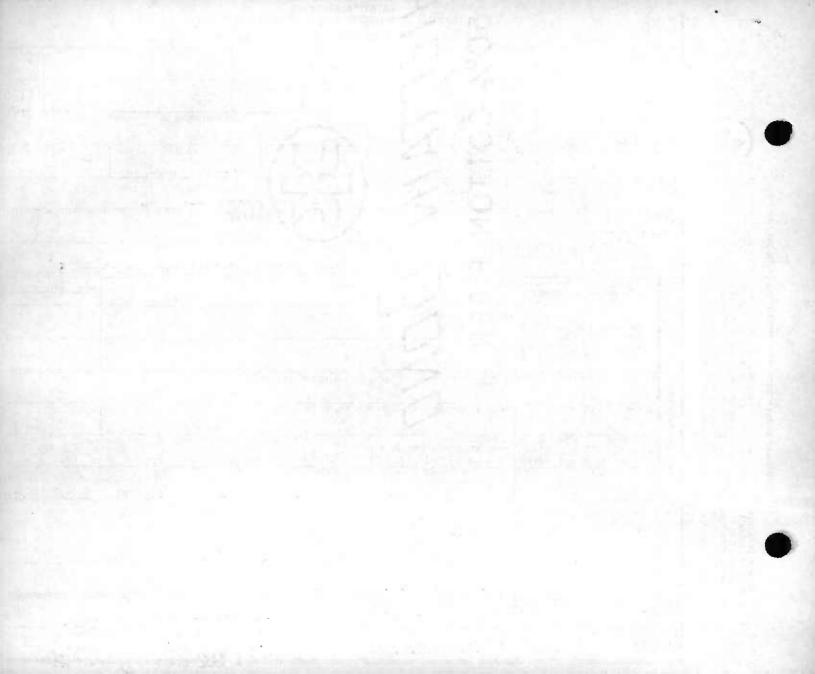
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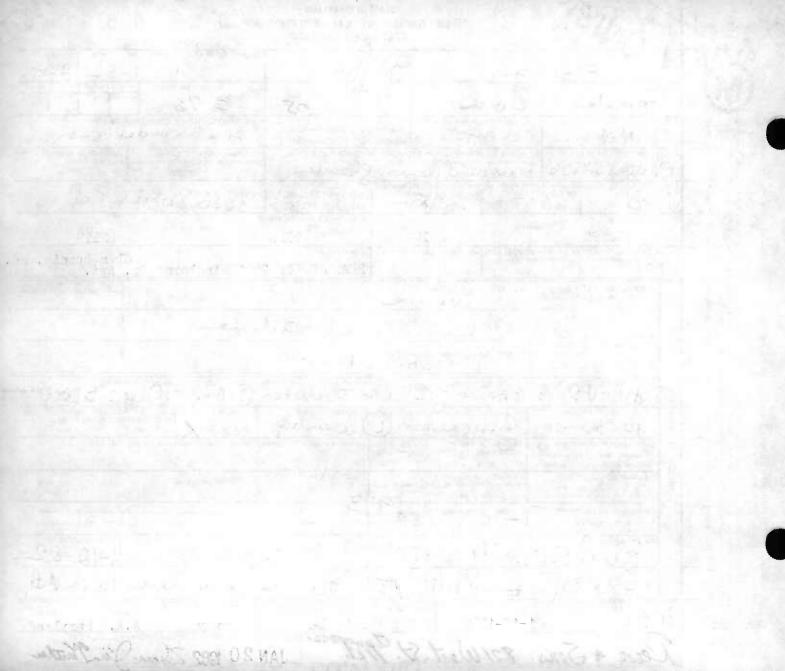
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	¥ w	HILE X	NOT WHILE AT WORK		TORY, FARM, ET			TREET	66 D-1	CITY OR TOW			YTAU	4.1	STATE
	A	WORK 22	AT WORK	<u> </u>	oad t	racks			ff Patu	<u> ıxent</u>	Rd.	Anne	Arun		Co
		22a. I certify	y that I taak cha	rge of the remains de	scribed abo		Autap	sy 💹, Inspec	tian	Inquiry	,aı	nd in my of	noinic	IV.	ld.
	C	leath resulte	d from: Nat	ural couses	Accident	LXI, s	uicide	, Homicide	Undete	mined mar	ner,				
	A/	CTUAL	11	. 00	^			TITLE (SPECIFY)				DATE		00 0	
1	SI	GNATURE_	June	100	Ha.		M	D. Assistar	11 MEDIC	CAL EXAMI	NER	SIGNI	ED -	<u> 20-8</u>	2
6	FX	AMINER'S	NAME VE.	nainia l	Dalan	MD			III Pe		tt				
	(T)	PE OR PRIN	IT)	rginia L.				ADDRESS			ree				
2	30. BURI Bur	AL, CREMAT	ION, REMOVAL	23b. DATE				R CREMATORY	23d. LOC			cou		STA	ATE
L				1/23/82	G	are of	Heav	en Cemete		lver	Spri	ng Mo	nt.Mo	<u>d.</u>	
		ERAL DIRECT		.11800 AGORES	7 A-	0.0.	. 1	250. DAT	E REC'D. BY	KEGISTRAR	25b. REG	SISTRAR'S	SIGNATUI	KE /_	
T.	ine	s/kina	ILGI F.H	1.11800 N.	H.Ave.	S.S.M	d.		N21	1000	21	0	77	The	
_									-	TOUL (7700	0/1			



+	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 0 1 5 C CERTIFICATE OF DEATH REG. NO.							
9 104		CEASED NAME FIRST PLOTO	MIDDLE	an	1 12AL	2R DATE OF DEATH MONTH		HOUR		
ige 4 may be	3. SE		1 RACE Black	S DATE	TH DAY YEAR_	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF	F UNDER 24 HRS		
oeath. Pe	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT CO	OUNTRY? 8 MARR	ED . NEVER MARRIED	BALTIMORE CITY OR COU		MD.		
by the funded within	C	LOWN OF DEATH	FOUNTE C	GIVESTREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF B	IUSINESS OR		
within 24 ho tely filled in should be fil examiner mu		AL RESIDENCE IF NURSUN HOME OF		PENCE BEFORE ADMISSION	YES NO NO	130. STREET ADDRESS ON	des Rol			
The Od 2	14. 157	ATHER'S NAME ALBERT	MIDDLE	SMITH	15 MOTHER'S MAIDEN NAME FIRST	WIDDLE	SMITH			
e be exi	160	VAS DECEASED EVER IN U.S. AR res, no or unknown)	MED FORCES? 166 SOC WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT PEARL GROSS '	Address 7807 Windborne	Glen Bur Dr. Apt. H	mie, Md.		
equires that the death certificatiigned by the attending physician please remove carbon papers. burial, cremation, or removal.		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	D BY: TE CAUSE (a) DUE TO, OR AS A CO	ONSEQUENCE OF				TE HATERVAL		
HYSICIAN: The law re physician. is certificate has been si real transit permit. Then dental Hygiene prior to or trem 18 shows any in	MEDICAL CERTIFICATION	190 DATE OF OPERATION 12 - 30 - 81 210, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEAL LIFE EITHER, NOTIFY MEDICAL EXAMINER)	196 CONDITION FO	NTH DAY FEA	WAS PERFORMED LOWER 211. HOW INJURY OCCURR	206 AUTOPS 206. IF IN CE YES NO NITE NOTE IN THE NITE OF INJURY IN ITEM	YES, WERE FINDING RTIFYING CAUSES OF YES []	S USED F DEATH?		
R: A R: A sas th salth is ms	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22e. I certify that (I) this haspi	1.0	RY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
AL OR AT he hospital AL DIRECTAL DIRECTE (See Dept. of T: If Item		saw the deceased alive an abave, (I) (we) (did) (did no 276, SIGNATURE 274, PHYSICIAN'S NAME (TYPE O	Shall	ath. 19 6	DEGREE ATTENDING PHYSICIAN THE ADDRESS	MEDICAL STAFF	haur and fram the cau			
TO HOSPIT. retained by t TO FUNERA should be der with the Staf	23a i	BRROL BURIAL, CREMATION, REMOVAL	123b, DATE	1234 NAME OF	CEMETERY OR CREMATORY	1236 TOCATION	- Alera	-mp		
ВР	B	JRT'AL	1-15-1982		CEMETERY	Drury		state		
DHMH-16 25M (VRA 15, 4) 1/79	1	INERAL DIRECTOR LELL & Som	82/Wê	DOREST ST.	JA	N 20 1982 Face	O . 44	athen		



STATE OF MARYLAND

5 1 h Sections Sevent San Superior Table lumper M. Co.

James S. Kirkley, Glen Burnie

STATE OF MARYLAND

Tale to the sill, near many water to meet - age in Daily al Channel and a compact of Property in the College and the College a WELL CONTRACTOR OF US MILE requires that the death certificate be

O HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	O		E.S.1.
I. DECEASED NAME	FIRST		MIDDLE	į.	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
(TYPE OR PRINT)	HERMOG	ENES	М.	HERN	ANDEZ	JANUARY 1	8, 198	32	5:19 A
1. 5EX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	
Female	,	white		MONTH	Jou. 26, 1896	85	YRS	ONTHS DAYS	HOURS MIN
7a BIRTHPLACE (S	TATE OR FOREIGN		WHAT COUNTRY	2 18.		9 BALTIMORE CITY O	111.00	OF DEATH	1000
COUNTRY)	rto Rico	US	A	WIDOWE	D NEVER MARRIED	ANNE ARU	NDEL C	COUNTY	MI
10 CITY OR TOWN		11. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI			OF BUSINESS OR
GLEN BU	RNIE	NOR!	THE ARUNDI	EL HOS	PITAL	nousewis			aséhola
USUAL RESIDENCE 130. STATE Md.	(IF NURSING HOME OF		136. CITY OR TOY		13d. INSIDE CITY LIMITS? YES NO	130. SIRSET APPRESS	zlgate	Dr.	
4 FATHER'S NAME		MIDDLE	LAST .		15. MOTHER'S MAIDEN NA				
Jose		MIDDLE	Herna	indes	Marcolina	a middle		Per	ez
60 WAS DECEASED		MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE		1	
NO NO OR UNKNO	(IF YES, GI	VE WAR OR DATES)	212-92-	4982	Guillermin	na Ramos 63	8 Chap	elgate	UT IMATE INTERVAL ONSET AND DEATH
gove rise cause (a), underlying	er significant	(c) CONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM	20a. AUTOPSY?	DITION GIVE	WERE FINDI	NGS USED S OF DEATH?
E L	WAS UNDERLYING	7 21b. TIME C	E INTERPO		In How was	YES NO	YES		NO 🗆
OR CONTRIBUTE	NG CAUSE OF DE	ATH HOUR A.	M. MONTH D	DAY YEAR	21c. HOW INJURY OCCURE	KED (ENTER NATURE OF INJUI	Y IN ITEM 18. PA	RT 1 OR PART 2)	
(IF EITHER NO: 21d. INJURY C	NOT WHILE AT WORK	21e. PLACE	M. OF INJURY REET, FACTORY, OFFICE,		211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
sow the obove, (I 22b. SIGNATU	deceosed olive or) (we) (did) (did no	ot) view the body	e deceosed from 2 19 ofter death.	22 . or	nd that in (my) (our) opinion of DEGREE ATTENDING	MEDICAL STAI	ote and hour	ond from the	
DR.	SACIT E	EREN, M.	D.	NAME OF C	22e. ADDRESS 529 C	AMP MEADE R	COAD	21090	
23a. BURIAL, CREMA (SPECIFY)	ATION, REMOVAL	23b. DATE	23€.	NAME OF C	EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, the medical

1/20/82

Epiphany Episcopal 250 DATE REC'D.

Odenton, Md.

COUNTY

24 FUNERAL DIRECTOR

Hardesty Funeral Home 12 Ridgely Ave.

ADDRESS

STATE

Washington Burn and Carlot and Ca THE VEHICLE WILL

1 - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

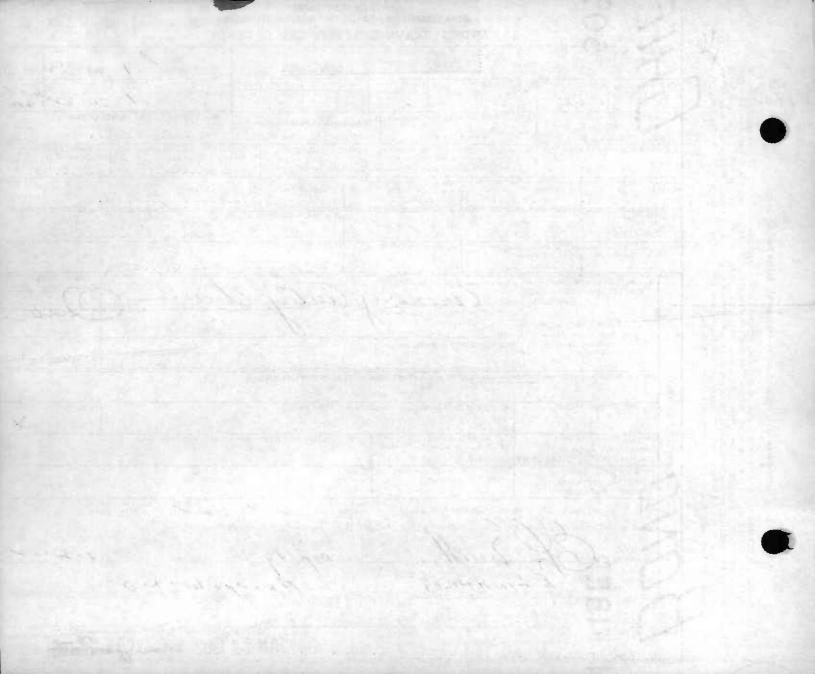
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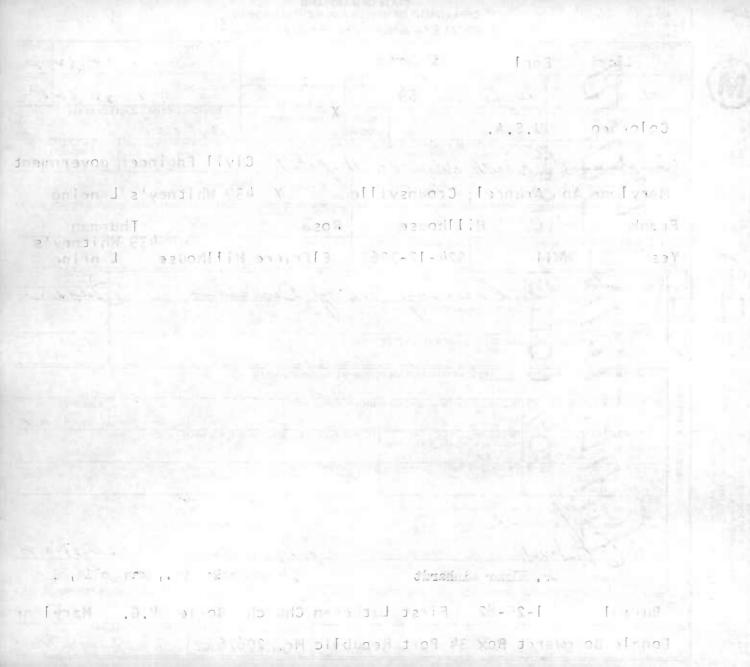
ı				STAIL	OF MARYLAND	#1	F3 1	3	A C.
	1	FOR		DEPARTMENT OF HE	ALTH AND MENTAL H	YGIENE O	UI		3 0
	1.	STATE REGISTRAR		CERTIFI	CATE OF DEATH				
	1 DE	CEASED NAME FIRST	MIDDLE	(A)	KT.	2a DATE OF DEAT	G. NO.	YEAR 2h	
1	TYPE	00.00		1	1.111~	28 DATE OF DEAT	MONTH DAT	TEAR Zb	HOUR
		ALBE	RIB		11645	10	1-82	1/3	2.15am
	3. SE	X	4. RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LA			UNDER 24 HRS
ł	h	nais	CAUCASIA	MONTH.	9 33	4	MONIF	HS DAYS HO	OURS MIN.
	Øn RI	RTHPLACE LISTATE OR FOREIGN		DUNTRY? 8	1 33		YRS.	DEATH	
1	(DI	COUNTRACE	The CHIZEN OF WHAT CO	MARRIED	NEVER MARRIED	J. BALTIMORE CI	TY OR COUNTY OF	JEATH	
		1.10.	U. S. K	WIDOWED			UNLEL CO	UNT4	MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME OF	OTHER INSTITUTION	120 USUAL OCCU	PATION 12	26. KIND OF BI	USINESS OR
Š	A	MNAPZIIS	(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)	NERDI	(TYPE OF YORK HOR M	OST OF VORKING LIFE) IN	NOUSTRY	ARNI
1	USUZ	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDE	ENCE REFORE ADMISSIONI	NOTAL	1010		010	Cary
	130 5	TATE 13h COUR	NTY 13c. CITY		13d INSIDE CITY LIMITS?	13e. STREET ADDRE	SS		
Ž	11	ARYLAND ANNE	EARUNDS ANN	VAPOLIS	YES NO	1206 1	SAKBOLD	LANE	
	14. FA	THER'S NAME	MIDDLE	1	IS MOTHERS MANDEN	ME		11	1
	E	duand Gep	OHOO. H	1000	(+Inch	MIDE	IE /A	1/n/F	TON
H	Ing V	VAS DECEASED EVER IN U.S. AR	RATE FORCES? THE SEC	CONTINUO.	IZ. INFORMANT	Al	DIDRESS 1/2	MIN	6/
ı	()	A Section 1	V AR OR DATES)	00	2	1/ 3	122 MD	, HUE	-
ı		Yes OWN) (IF YES, GIV	218-	28-17/7	DEVAN E.	H1955 87	NE Wetter	OM	De
ı	13	18 CAUSE OF DEATH (Enter or	nly one couse per line for it	o), (b), and (c).)	1	1	To the state of th	APPROXIMAT.	E INTERVAL
ı		PART I. DEATH WAS CAUSE	TE CAUSE (a) Ca	ndiac	arre	1			
١		LJ 3 IMMEDIA	TE CAUSE (a)						
Į		1215	DUE TO, OR AS A CO	DNSEQUENCE OF					
1	0.0	Canditians, if any, which gave rise to immediate	(b)						
1		couse (a), stating the	DUE TO, OR AS A CO	ONSEQUENCE OF			3-3-1-4		
١		underlying cause last.	(6)						
	1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO THE TE	DANINAL DISEASE OF	ONDITION CIVEN IN	I DADT 1/-	
	N		20110110110	NO TO DENTI DOTT	OT RELATED TO THE TE	KMINAL DISEASE OR C	,ONDITION GIVEN IN	Y FAKT TO	
4	CERTIFICATION	19a DATE OF OPERATION	TIAL CONDITION TO	D WALLEY ORD A TION	WAS DEREGRASED	Ton ALLTONOVA	100 15 455 145		
P	10	176 DATE OF OPERATION	198 CONDITION FO	R WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	206 IF YES, WE		
	E E					YES NO	YES 🗌	1	NO 🗌
П	CE	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCC	URRED (ENTER NATURE OF	INJURY IN ITEM 18 PART I (OR PART 2)	
	AL	OR CONTRIBUTING CAUSE OF DE							
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJUR	19	211. LOCATION				
į	MEI	WHILE NOT WHILE	LATHOME STREET FACTOR	RY, OFFICE, FARM, ETC.)	STREET	CITY	OR TOWN C	COUNTY	STATE
1		AT WORK AT WORK							
ı		220.1 certify that (1) (this haspi	ital) attended the decease	ed from		, to	, 19	, that	t (I) (we) lost
ı		saw the deceased alive on above 1 (we) (did) (did) (did)	New the body ofter dear	19, and	that in (my) (our) opinio	on death occurred an t	ne date and havr and	from the cau	ises stated
ı		77h SIBNATURE A	y rew too body offer ded		EGREE			22c DATE SIG	NED
ı		1 . 600	9cm	a V	ATTENDING		STAFF V	10	an
4	100	N/	~		PHYSICIAN	DIRECTOR PH	YSICIAN	1-2-	82
ı		776 PHYSICIAN'S NAME CHIEG	in remot)	,	27e ADDRESS				
		HOWARN (OST)	Octem) m	1.4.1					
1	23n R	URIAL, CREMATION, REMOVAL	THE DATE !!	236 NAME OF CE	MEIERY OR CREMATOR	Y 23d LOCATION		$\Lambda \Lambda$	1.1
1	4	SECIFY) O COL	1/1/02	1/200	10/1/2011	CITY OR LOW	N to col	14/	1 M
1	1	MIKING	1000	MODE	MADEL	CUYE	VHIER I	100	Y (U).
	7 1	INERAL DIRECTOR	1011	Aches 1	1 /	ATE REC'D. BY FEGIST	RANDAS REGISTAR'S	A TOP	
	1./	MAD Francisco	1 Illane	III In O Asl	: MD. AN	15 1982	Musica		

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VIII)		REGISTRAR CEASED NAA	AE FIRST		MIDDLE	EXAMILA	LAST	THICKIE		DATE KNOWN	MONTH	DAY Y	EAR 2b. HOUR
240	(TYP	E OR PRINT)	Doug	lea	Ear	e	High	htower		OF ESTI-	5/	20 19	52 . "
A CHICAGO	3. SEX		4. RACE	5. DATE OF BIRT	V VEAD	6. AGE (IN YEAR		1 YR. IF UNDE	R 24 HRS. 20	DATE	MONTH	DAY	YEAR 2d. HOUR
(Neger a		ale	white	11/21	/35	46 YRS	. Melilio	DATS HOURS		DEAD	/	20 18	2 12 PM
NECESS S FOR Y WITHIN	FO	RTHPLACE I		76. CITIZEN OF		NTRY?	MARRIED X	NEVER MARI	RIED	Anne Ar	- Contractor		Н
NECES FUNER S FOR WITH		larylar			.S.A.	IRSING HOME,	OR OTHER IN	DIVOR		LOCCUPATION			MD OF BUSINESS
DELAY IS NE 3 TO THE FU IN PAGE 5 BE FILED. DS 301 W	A	nnapol	is	ANNE A	runde.	l Gener	al Hos		FOR MC	ST OF WORKING LIFE) Militar		US G	DUSTRY
21201 IF ANY DEI 2, AND 3 TO 3 RETAIN SHOULD BE	13a. S		Md 13b. COUL		13c. CIT	e before admissio COR TOWN, Arnold	13 d.	INSIDE CITY LIMITS?		Shore A	cres k	ka.	
2 = 2.6.2.		THER'S NAM	VE 3	MIDDLE		LAST	15. /	MOTHER'S MAIL	DEN NAME	* MIDDLE		LAST	
DEATH OF AND		dwin	Ly.	le	Highto	wer		Mabel		Nadine		tallin	gs
2 2 2 2	{YI	S, NO, OR UNKN	ED EVER IN U.S. AR	MED FORCES? WAR OR DATES) -1976	16b. SO	CIAL SECURITY		NFORMANT		ADDR			
BALTIMO URS AFTEI 3. GIVE PA WITH FO PAGES DIVISION	4	les			21	Y ME J. W.	84 N	iarjorse	K. HZ	ghtower	136	APPRO	KIMATE INTERVAL
N ST., 8. 14 HOUR FM 18. ONG W ERMIT, P			OF DEATH (Enter on EATH WAS CAUSE	D BY:	1	o), and (c).)	16	Titon	//	mais	/	1	INSET AND DEATH
ON TEA		414	19 IMMEDIA	TE CAUSE (o)		NSEQUENCE O		arrivey.	, ~			12	edden_
W. PRESTON D WITHIN 24 ENCIL IN TEF TRANSIT PER FINAL HYGIE REMOVAL.			ons, if ony, which			6	/	0					
W. I ED W PENC AMIL TENT REVIEWT		cause (a) stating the <u>under</u>		OR AS A CO	NSEQUENCE O	F						
S, 301 W. PREE ECUTED WITH 3" IN PENCIL AL EXAMINER BURIAL-TRANS IND MENTAL H DN, OR REMOU				(c)									
BE EXECTION, 3	z	PART 2 OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DE.	ATH BUT NOT REL	ATED TO THE TERMI	NAL DISEASE OR C	ONDITION GIVEN IN P	'ART 1 (a).				
PEN	MEDICAL CERTIFICATION	19a. DATE C	FOPERATION	19b. CON	IDITION FOR	WHICH OPERA	ATION WAS P	ERFORMED?	775			20. AUTO	OPSY?
ITAL SHOU SRD " CHIE" OF P	FIFE			11 300								YES	□ NO ¥
CATE SH CATE SH HE WOR THE C UUD BE MENT O	GER	1	IAL CAUSE WAS		OF INJURY	DAY YEAR	21c. HOW I	INJURY OCCURE	RED LENTER NA	TURE OF INJURY IN ITE	M 18 PART I OR I	PART 2)	
ISION OF THE NG THE SHOULD SHOULD FOR THE PARTY IOR TO TH	ICAL	CONTRIBU'	TING CAUSE OF		P.M. CE OF INJUR	19	21f. LOCATI	ION			415		•
DIVIS S CER RITING RDED SE 3 S FE DEP	MED		OCCURRED NOT WHILE AT WORK		FACTORY, FARM,		STREET	1014		CITY OR TOWN		OUNTY	STATE
THIS SWAR PAG STATI	1	-											
CATE FOR THE ND, 2	1	22a. 1 cer death resu	tify that I taak chor	ge at the remains	described ob		Autapsy L	Homicide .		Inquiry ,	and in my	opinian	
CAMI D BE VITH RYLA	135	, death resu	Trea from:	/ C	Accident	7 3011		TITLE (SPECIFY)	Onderer	milied monner			
CALEX THE CESHOUL SHOUL SATH, V	1	ACTUAL SIGNATUR	(D)	melso	uM.	13005	, M.D.	ceps 4	MEDIC	CAL EXAMINER	DATI	NED 1-	20-82
O P 4 M O		EXAMINER'	S NAME	= 1	ARD			1		e list			
TO ME EXECU PAGE PAGE AFTER BALTER	72.0	(TYPE OR PE	ATION, REMOVAL			NAME OF CEM		RESS	123d. LOC				
	1	Burial Burial	ATION, KEMOVAL	1-25-8					. CITY O	RIOWN		YTHUU	STATE
BP	24 6	HINED AT DID!	CTOR			Arlingt		75a DATI	F PEC D RV	rlington	EGISTRAR'S	SIGNATURE	l.
(VR A15 ME (5)) 15M 7/76	H	ardest	y Funeral	2 Home 1	2 Ridg	ely Ave	. Ann.	Md. JA	N 22	1982 M	en.	and/s	

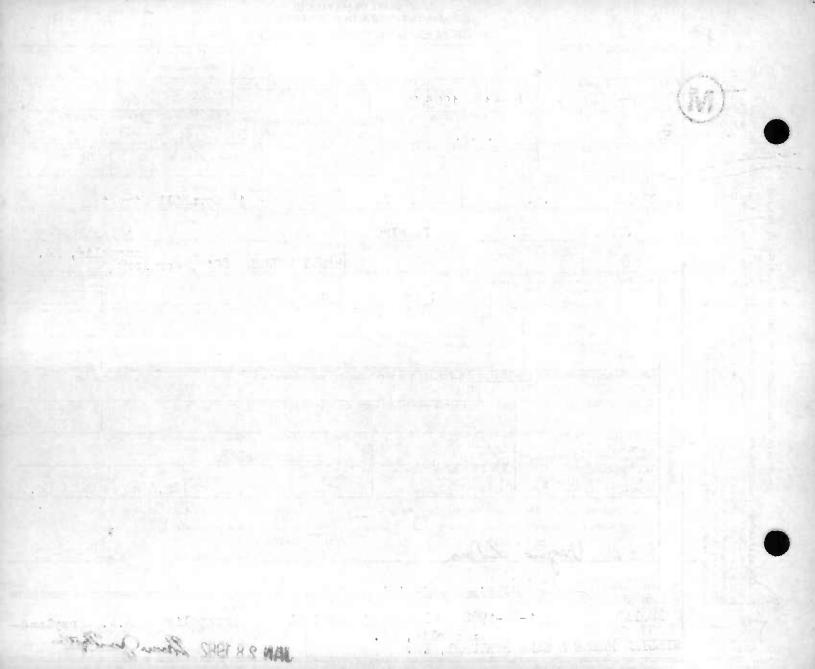


	13	11-	FOR STATE REGISTRAR		EPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL H L'S CERTIFICATE C	0 6 0	0 1 5 8
0.	(A)	1. DE	CEASED NAME FIRST LLOyd	Earl	Hillhouse	LAST	20. DATE KNOWN OF ESTI- DEATH MATED	ONTH DAY YEAR 26. HOUR
- 6	M	3. SEX	M W	5. DATE OF BIRTH MONTH DAY	YEAR LASTBIRTHDAY) 2 YRS.	MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	DAY YEAR 2d. HOUR
0	A PREST	FO	RTHPLACE (STATE OR REIGN COUNTRY) COTOT aco	U.S.A.		Married 1 Never Marr IDOWED DIVORC	ED 17.1.00.	MD.
2	PAGE FILE	9	TY OR TOWN OF DEATH BURNIER LE RESIDENCE (IF IN NURSING HOM	Searth	PITAL, NURSING HOME, O CILITY, GIVE STREET ADDRESS)	Hospitz L	FOR MOST OF WORKING LIFE) CIVIL Engine	
21201	SHOULD BE CORDS	13a. S	Mary land And	Arundel	13c. CITY OR TOWN	1 1e 13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS Whitney'	s Landing
E, MD.	220		rank	WIDDLE	i 1 Ihouse	Rosa	MIDDLE	Thu rman
LTIMOR	S. GIVE PAG WITH FORM PAGES 1 / DIVISION O	16a V	VAS DECEASED EVER IN U.S. A ES, NO, OR UNKNOWN) (IF YES, OF	RMED FORCES?	524-12-72		de Hillhouse	9 Whitney's Landing
S, 301 W. PRESTON ST., B	GECORED WITH A PLOY GENERAL EXAMINER ALONG W BURAL-TRANSIT PERMIT. I AND MENTAL HYGENE, D ON, OR REMOVAL.		18. CAUSE OF DEATH (Enter PART I DEATH WAS CAUS Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT (ONDITIO)	ATE CAUSE (A) OUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE OF	DISEASE OR CONDITION CIVEN IN P.	elker	PROXIMATE INTERVAL VEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 301	COULD BE ENDING THE MEDIC USED AS A OF HEALTH ALL CREMATING	CERTIFICATION	19a. DATE OF OPERATION		ION FOR WHICH OPERATI		NTT (U).	20. AUTOPSY? . YES □ NO ■
ON OF VI	THE WOODID BE STATE TO BURL	CAL CERT	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O		MONTH DAY YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18 PART I	
DIVISI	E. WRITING RWARDED T PAGE 3 SH STATE DEPA 21201 PRIOR	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	TE THE CERTIFICAL SEAMINE SEAL DIRECTOR SEATH, WITH THE ORE, MARYLAND,	B.	ACTUAL SIGNATUR	ge of the remains described as the remains des	Accident , Suicid	TITLE (SPECIFY) M.D. Depart 9	Undetermined manner ,	DATE 1-23-82- nnapolis, Md
	PAGE 1	(:	Burial	1-25-82	First L	theran Chu		G. Mary land
(DHMH - 17 VR A15 ME (5)) 30M 7/73		uneral director Donald Borgw	ardt Box	34 Port Re		REC'D. BY REGISTRAR 256. REGISTRA 1260. REGISTRA	71 -1-



5	1.	FOR - STATE REGISTRAR				NT OF H	E OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	SIENE 8 2	. 38	266	5 9
m F	I. DE	CEASED NAME FI	RST	MIDO	LE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR 7	26 HOUR
y be		M.	ARTHA	_ MA	ARIE	1	HOFFMAN		17	82	2 H
	3 SE	Female	4. RAC	Whit		DATE C	DE BIRTH	6 AGE (IN YEARS LAST BIR			HOURS MIN.
35	C	IRTHPLACE (STATE OR FOREIC OUNTRY) Maryland		J.S.A.	v	VIDOWE		BALTIMORE CITY C nneArunde 1	County		4
or other tried with	6	ICN BUNIC	2 1	OPH h	And de	RESS)	OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Hous		126 KIND OF INDUSTRY	BUSINESS OR
on 24 ho y filled a should be	13a. : Ma	aryland	COUNTY	130	ERESIDENCE BEFORE AD CITY OR TOWN Len_Burni	,	13d INSIDE CITY LIMITS? YES NO 4	3 Gordon	Lane 2	1061	
omplete ond 2		ATHER'S NAME FIRST John	A.		Eliaso		15. MOTHER'S MAIDEN NA FIRST Martha	WIDOLE		Jenl	kins
be executed in a particular of the control of the c		NAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	J.S. ARMED F YES, GIVE WAR O	R OATES)	SOCIAL SECURIT		Madilene Wa	ADDRI tts 3 Gord		2106	1
ysice apers val.		18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only one	couse per line	for to 1, (b), and co	110	, ,	eare	AL IN	APPROXIMA BETWEEN ON	ATE INTERVAL
ING PHYSICIAN: The low requires that the death certificate be executed within 24 thours a catending physicion. After this certificate has been signed by the ottending physicion and completely filled in the ast the buriol-stronsit permit. Then please remove carbon papers. Page 1 and 2 should be filled to an Amental Hygiene prior to buriol, cremation, or remayal. The hold Mental Hygiene prior to buriol, cremation, or remayal. Oxfed or Item 18 shows any injury, or ather traumatic event, the medical examinarismust being oxfed or Item 18 shows ony injury, or ather traumatic event, the medical examinarismust being a second or secon		Conditions, if ony, wh gove rise to immedia couse (a), stating underlying couse	nich tote the ost	UE TO, OR AS	S A CONSEQUENCE	E OF	VD				
requires en signe Then p ir ta bur injury,	NO O	PART 2. OTHER SIGNIFIC	I de		Cles	_	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	I IN PART 1(o	
ion. Hos bee it permit:	CERTIFICATION	190 DATE OF OPERATION	1	Db. CONDITIO	n for which of	PERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDING	
rSICIAN: 1 mg physic certificate uriol-trons Aental Hyg Hem 18 si	MEDICAL CE	21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH	b. TIME OF IN HOUR A.M. P.M.	MONTH DAY	YE AR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	t OR PART 2)	
NG PHY attendin frer this as the bu th ond M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	1.1	e. PLACE OF I	FACTORY, OFFICE, FARA	s, ETC.)	21f. LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
ATTENDI spital or CTOR: A for use of Heol		220.1 certify that (I) (thi sow the deceased a above, (I) (did)				1 -	7 , 19 22 ad that in (my) (our) apinion	, to death occurred on the d	7 19 ote and hour o	nd from the co	ot (I) (we) los ouses stoted
PITAL OR A by the ho lERAL DIRE e detoched State Dept		22b. SIGNATURE	up	ec.	enl			MEDICAL STA	FF CIAN []	22c. DATE SI	GNED - 72
TO HOSPITAL retained by 11 TO FUNERAL with the State MAPORTANT:		220 PHYSICIAN'S NAME	(TYPE OR PRINT)	La	C. 02	u	220. ADDRESS	Ban	Blud	Sere	and 11
	230	BURIAL, CREMATION, REA SPECIFY) Burial		DATE / 9/82			idge Mem. Pk.	23d. LOCATION CITY OR TOWN	Ч	OUNTY	STATE
BP	24. F	UNERAL DIRECTOR	1.	7702			1	Elkridge E REC'D. BY REGISTRAR		rd Co.	Md.
DHMH - 16 50M 1/76 (VR A 15 (4))	,	bhard Funora	1 Home	Inc	ADDRESS		229 ZSa. DAT	8 4000	Parace	You	Kylphro

1.	FOR	DE	PARTMENT OF HEA	F MARYLAND	VCIENE!	0.0	1 6
	STATE REGISTRAR		CAL EXAMINER		EDEATH	0 .0	, 0
1. D	ECEASED NAME FIRST		AIDDLE	LAST	26. DATE KNOWN		AY YEAR 7b.
(T)	YPE OR PRINT)	ial	ш	olland	OF ESTI- DEATH MATED	- Land	
SE		5. DATE OF BIRTH	6. AGE (IN YEARS 1	UNDER 1 YR. IF UNDER			19 DAY YEAR 2d
)	Female Black	MONTH DAY 18	1905 76 YRS.	ONTHS DAYS HOURS	MIN. PRONOUNCED DEAD		20 19 82 /
To. I	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHA	I COLINTRY2	ARRIED NEVER MARR)	9. BALTIMORE CIT		
	TIO	U.S.A		OWED DIVORCE		undel Co	ounty,
) D. C	CITY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING HOME, OR	OTHER INSTITUTION	12a. USUAL OCCUPATION (KIND OF BUSINE OR INDUSTRY
	Annapolis JAL RESIDENCE (IF IN NURSING HOME			et Street	TOR MOST OF WORKING LIFE)		OK INDOSTRI
13e.	STATE 1136 COU		RESIDENCE BEFORE ADMISSION)		13e STREET ADDRESS		
_		.A.	ANNAPOLIS	YES 🗓 NO 🗆	18 Comhill	Street	
14. F	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE		LAST
_	JAMES	В.	FLEMING	PERAL			ALFORD
100	(YES, NO. OR UNKNOWN) (IF YES, GIV	RMED FORCES? (E-WAR OR DATES)	166. SOCIAL SECURITY NO	17. INFORMANT	ADDRE	Annapol	is, Md.
=			•	HENRY HOLL	AND 801 Cedar	Park	
1	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	ED DV				-	APPROXIMATE INTEL BETWEEN ONSET AND
	9// IMMEDIA		A CONSEQUENCE OF	wounds			
30	Canditions, if any, which		A CONSEQUENCE OF				
	gave rise to immediat cause (a) stating the unde		A CONSEQUENCE OF				
	lying cause last.		THE ONSE GOETICE OF				
	PART 2 OTHER SIGNIFICANT CONDITION	(c)	NOT RELATED TO THE TERMINAL D	SEASE OR CONDITION GIVEN IN PAI	T 1 (a).		
NO							
CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATIO	WAS PERFORMED?		2	D AUTOPSY?
Ě							YES XX NO
100	210. EXTERNAL CAUSE WAS	21b. TIME OF IN HOUR A.M.	JURY AONTH DAY YEAR	HOW INJURY OCCURRE	(ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
	CONTRIBUTING CAUSE OF	DEATH ? P.M.	3 19 5	subject was s	tabbed		
CAL			INJURY (AT HOME, 21f Y, FARM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY	
MEDICAL	2)d. INJURY OCCURRED WHILE ONOT WHILE						
MEDICAL	NAME OF THE PARTY	alley		66 Fleet Stre	et,Annapolis,	Anne Aru	
MEDICAL	WHILE NOT WHILE AT WORK 22a I certify that I taak char	* alley	area :	66 Fleet Stre		Anne Aru	Md.
MEDICAL	WHILE NOT WHILE AT WORK 22a I certify that I took cha	rge of the remains descri	area :				Md.
MEDICAL	WHILE AT WORK AT WORK 220. I certify that I taok chain death resulted fram: Not	rge of the remains descri	bed abave, held an A	Inspection Hamicide X TITLE (SPECIFY)	Undetermined manner	and in my apinia	Md.
MEDICAL	WHILE NOT WHILE AT WORK 22a I certify that I took cha	rge of the remains descri	bed abave, held an A	Inspection	Undetermined manner		Md.
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)	WHILE AT WORK AT WORK 22e I certify that I taok cha death resulted from: Not ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	rge of the remains described ural causes . A rginia L. D	area And the desired and t	Inspection		and in my apinia	Md.
	WHILE AT WORK AT WORK 22e I certify that I taak characteristics and the sulted fram: Not ACTUAL SKINATURE EXAMINER'S NAME (TYPE OR PRINT) BURIAL CREMATION REMOVAL	rge of the remains described ural causes . A rginia L. Di	area bed above, held an Accident , Suicide olan, M.D. 236. NAME OF CEMETER	Inspection	Undetermined manner MEDICAL EXAMINER Penn Street 13d LOCATION CITY OR TOWN	and in my apinia	Md.
23a.	WHILE AT WORK AT WORK 22e I certify that I taok cha death resulted from: Not ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	rge of the remains descriped to the remains de	area bed above, held an Accident , Suicide olan, M.D. 236. NAME OF CEMETER	Inspection		DATE SIGNED COUNTY	Md. 1-20-82 State Marvil ar



	1.	FOR			E OF MARYLAN			00161
IV	1-	FOR STATE • •		DEPARTMENT OF H			Total Science	00101
	1.00	REGISTRAR CEASED NAME FIRST	ME	DICAL EXAMINI	EK S CEKTIFIC	ATE OF DE	REG. N	
(BA)		PE OR PRINT)	, ,	WIDDLE	Alder &	-11/	OF ESTI-	
ASE	2.05	DOK	ALD	М.	FIUNLL	= 9 JR	DEATH MATED	1 22 1952 A
PER PER	3. SE		5. DATE OF BIRTH	YEAR LAST RIPTHDAY	RS IF UNDER 1 YR.	IF UNDER 24 HRS	PRONOUNCED	MONTH DAY YEAR 26. HOU
ARY VOU TON		ald whi					DEAD	1 22 1002 14
A SEES THE A SEES SEES SEES SEES SEES SEES SEES	1 /a. B	IRTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WI		MARRIED NE	VER MARRIED	9. BALTIMORE CITY O	OR COUNTY OF DEATH
DELAY IS NECESSARY, PUT IN PAGE 5 FOR YOUR DIES, WITHIN 72 RESS, 301 W/PRESTON FIRE	IV.		U.S.		WIDOWED	DIVORCED [A.A.CO	• ME
THE SEE THE SE	I've	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FA	PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS)	OR OTHER INSTITU		SUAL OCCUPATION (TYPER MOST OF WORKING LIFE)	PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
2, AND 3 TO 2, AND 3 TO 3, RETAIN PA 3, RETAIN PA 5, SHOULD BE I	4	EN DIRNIE	NORTH	HRUNDI	-1 HOS	01/2/		
	Min. S		INTY.	131. CITY OR TOWN	N) 13d. INSIDE CI	TY LIMITS? 13e. ST	704 Chalm	
SHO SHO SHOW			A . A .	Ferndal	YES 🗆	NO 🔼	104 Chalm	ers Ave.
MD. 2. S. 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	14. F	ATHER'S NAME	MIDDLE	LAST	15. MOTHE	R'S MAIDEN NAM	NE MIDDLE	LAST
PAN PEN		onald	М.	Hunley	Dor	othy	Diane	Duvall
IMORE, FTER DE FORM ES 1 AN	160.	WAS DECEASED EVER IN U.S. A (ES, NO, OR UNKNOWN) I IF YES, GI	RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SECURITY			ADDRESS	
SGHZA		по			D	orothy	Diane Hay	same as 13e
ST., BA HOURS A 18. G AG WIT MIT. PA		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUS	ED BY	,		1	1	AP ROXIMATE INTERVAL BETWEN ONSET AND DEATH
TON ST., N 24 HOL N ITEM 18 ALONG T PERMIT. YGIENE, (AL.			ATE CAUSE (a)	ROOM-MO.	MOXIDE	- 1-15p	MYXIA	Judlen
STO IN IN I		7521		AS A CONSEQUENCE O	F			4
W. PREST D WITHIN D WITHIN AMINER TRANSIT ENTAL HY REMOVA		Canditions, if any, which	te (b)					
101 W. PRES UTED WITHI UTED WITHI EXAMINER RIAL-TRANSI) MENTAL H OR REMOVA		couse (a) stating the <u>under</u> lying couse lost.	DUE TO, OR	AS A CONSEQUENCE O	F			
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO RITING THE WORD "PENDING" IN PENCIL IN ITEM 1 ROED TO THE CHIEF MEDICAL EXAMINER ALONG E 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT PRIOR TO BURIAL, CREMATION, OR REMOVAL.			(c)					
ECORDS, 3 D BE EXECTED ING " MEDICAL AS A BUTH ANI	-	PART 2 DINER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	IAL DISEASE DR CONDITION	GIVEN IN PART 1 (a).	,-141123-161	
L RECORDS, 3 ULD BE EXECT "PENDING" 1 "FE MEDICAL SED AS A BUR HEALTA AND CREMATION,	٥							
SHOULD ORD "PEI ORE "PEI ORD "PEI ORE "	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERA	TION WAS PERFOR	MED?		20. AUTOPSY?
VITAL VITAL VITOF VITOF	E							YES NO NO
OF VATE E WENT THE WENT OF WEN	CE	210. EXTERNAL CAUSE WAS	216 TIME OF HOUR A.M	MONTH DAY YEAR	21c. HOW INJURY	OCCURRED (ENTER	R NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
SION OF RTIFICATI IG THE W IG THE W SHOULD PARTMEN	S	CONTRIBUTING CAUSE O						
DIVISION OF VIT SCENTFICATE SI RITING THE WOR RITING TO THE E 3 SHOULD E 5 SHOULD PRIOR TO BURLA	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE (OF INJURY (ATHOME, TORY, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	COUNTY STATE
A A A A A A A A A A A A A A A A A A A		AT WORK AT WORK						
RE ST E ST (, 21);	100	22a. I certify that I took cha	rge of the remains des	cribed above, held on	Autapsy ,	Inspection .	Inquiry , on	rd in my apinion
AND	15	death resulted from Na	Acouses .	Accident . Suic	ide . Homic		etermined monner .	
XAA KAA IID B IIRE WITH	10	61		1 . 1	TITLE (SI			
A H O O O O O O O O O O O O O O O O O O		ACTUAL SIGNATURE	wheele	t ms	M.D.Del	49	DICAL EXAMINER	DATE 1.12.82
DIC SER STANDED		CV ALLED OF A LANCE	1				. 1	2 0
SE CUI		(TYPE OR PRINT)	LINHA	RDI	ADDRESS_	anne	coch 1	her
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. PAFTER DEATH, WITH THE ST. PATTIMORE, MARYLAND, 212	23a.B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEM	ETERY OR CREMATO	RY 23d, L	CATION YOR TOWN	COUNTY STATE
BP	-	Burial	25 Jan.	82 Glen Ha	aven Mem	. Pk. G	len Burni	
DHMH - 17	24. F	UNERAL DIRECTOR	ADDRESS				Y REGISTRAR 256. DEG	
(VR A15 ME (5)) 15M 7/77	J	ames S.KKirl	cley Gle	n Burnie l	Md.	JAN Z	0 1982 Ma	me fantarthe

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STATE OF MARYLAND

HARRY ELOCOPULATIES ST 1-30-8231 = 29 90 1324ch 9 29 62 1741 Wall of the same WILLIAM JAMES CALLER BTAS AMMANAMENTA 20 = 2 Terry Richley 3147 Brandel Rd ATT-TEADLAN 7845 Lakered Rd. William 2-3-62 Brewer HILL Annaple AA/20 CIE HEINSTE AMERICAN PROPERTY - MICHELLE LES TIMES

1	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE O 4. U U	E.S.T
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
		JOSEI		JENKINS	JANUARY 2, 1982	1:06 A
	3. SE		4. RACE	5. DATE OF BIRTH OCT. 29, 1916 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
	70 Pt	Male TRITHPLACE ISTATE OR FOREIGN	White 76. CITIZEN OF WHAT COUNTRY	(0.19	YRS	
3	>	Md.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	☐ ANNE ARUNDEL COUNT	
5	1	GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STRE			KIND OF BUSINESS OF USTRY K & Seal
	13a S	AL RESIDENCE (IF N	HER INSTITUTION, GIVE RESIDENCE BEFO 136 CITY OR TO Baltimo	ORE ADMISSION) WN 13d. INSIDE CITY LIMITS PES 1 NO 1	A	
Camine	14 FA	ATHER'S NAME FIRST Joseph	I. Jenkins	15. MOTHER'S MAIDEN Mary	MIDDLE Hudak	LAST
Z medicol		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) YES WW	ARMED FORCES? 166 SOCIAL SEC 215-03-		M. Jenkins Same	
lic eve	N.	4100 IMMEDI	ATE CAUSE (0)	es Mysiandis	u injerco	
jury, or other troumotic eve	No	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEO (b) CONSEO (c) (c)	uence of	ERMINAL DISEASE OR CONDITION GIVEN IN P	ART Ito
ows ony injury, or other troumotic eve	TIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEO (b) CONTRIBUTING TO	uence of	ERMINAL DISEASE OR CONDITION GIVEN IN P 200 AUTOPSY? 200. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
tem 18 shows ony injury, or other troumotic eve	CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) 196 CONDITION FOR WHICE 198 CONDITION FOR WHICE 216. TIME OF INJURY HOUR A.M. MONTH	UENCE OF DEATH BUT NOT RELATED TO THE T H OPERATION WAS PERFORMED 216. HOW INJURY OCC	ERMINAL DISEASE OR CONDITION GIVEN IN P	FINDINGS USED AUSES OF DEATH?
rked or Item 18 shows ony injury, or other troumotic eve	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) TOONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216. TIME OF INJURY HOUR A.M. MONTH	UENCE OF DEATH BUT NOT RELATED TO THE T TH OPERATION WAS PERFORMED DAY YEAR 19 216, HOW INJURY OCC	ERMINAL DISEASE OR CONDITION GIVEN IN P 200 AUTOPSY? YES NO YES CURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR A	FINDINGS USED AUSES OF DEATH?
n 2) is morked or Item 18 shows ony injury, or other troumotic eve		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK 22a. I certify that (1) (this has sow the deceased divided above (1) we) that (1) divided on the condition of the	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) 19b CONDITION FOR WHICH 19b CONDITION FOR WHICH 19b CONDITION FOR WHICH 19b CONDITION FOR WHICH 21b TIME OF INJURY HOUR A.M. MONTH P.M. 21c PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	UENCE OF DEATH BUT NOT RELATED TO THE TO TH	ERMINAL DISEASE OR CONDITION GIVEN IN P 200 AUTOPSY? YES NO YES CURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR A	FINDINGS USED AUSES OF DEATH? NO PART ?) INTY STATE
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wPORTANT: If Hem 2 is morked or Item 18 shows ony injury, or other troumotic eve		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETAILS	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) 19b CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH 19b CO	UENCE OF DEATH BUT NOT RELATED TO THE T THOPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN	ERMINAL DISEASE OR CONDITION GIVEN IN P 20a AUTOPSY? 20b. IF YES, WERE IN CERTIFYING C YES NO YES CURRED (ENTER NATURE OF INJURY IN ITEM IS, PART 1 OR ITEM IS) 19 10	FINDINGS USED AUSES OF DEATH? NO PART 2) INTY STATE , tho (1) (we) los om the couses stoted DATE SIGNED

DHMH - 16 50M 1/B1 (VRA 15, 4)

Leonard J. Ruck Inc. Baltimore, Maryland

JAN 4 1982 Frances Signature

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 2h HOUR ANDREW **JOHNSON** JANUARY 3. 1982 11:50A 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR Male 81 7a BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Jweden WIDOWEDTX DIVORCED [ANNE ARUNDEL COUNTY 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR HE NOT IN SUCH EACHITY GIVE STREET ACCRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) aniton GLEN BURNIE NORTH ARUNDEL HOSPITAL SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Anne Arunde 1618 Long Piont Rd. Pasadena 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Mantina Larsson Johan Dorgesson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS IYES, HOOR UNKNOWN) LIF YES, GIVE WAR OR DATEST ohnson same as 11 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g. AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

10

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH CIF EITHER NOTIFY MEDICAL EXAMINER PM 21d IN JURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from

216 TIME OF INJURY

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 211. LOCATION

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated DEGREE

NOF

CITY OR TOWN

22d. PHYSICIAN'S NAME (TYPE OR PRINT) CHARLES J. WU, M.D.

210. ACCIDENT WAS UNDERLYING

saw the deceased alive o

230 BURIAL, CREMATION, REMOVAL

PHYSICIAN DIRECTOR PHYSICIAN 22 ADDRESS 7845 OAKWOOD RD., #204

GLEN BURNTE, MARYLAND 21061 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

Burial

H. Mountain & lick Neck Rds. 21122

23b. DATE

Pasadena. IIId.

22c. DATE SIGNED

COUNTY

STATE

DHMH - 16 50M 1/B1 (VRA 15. 4)

FOR

TYPE OR PRINT

3. SEX

13a. STAJE

Ald.

MPORTANT

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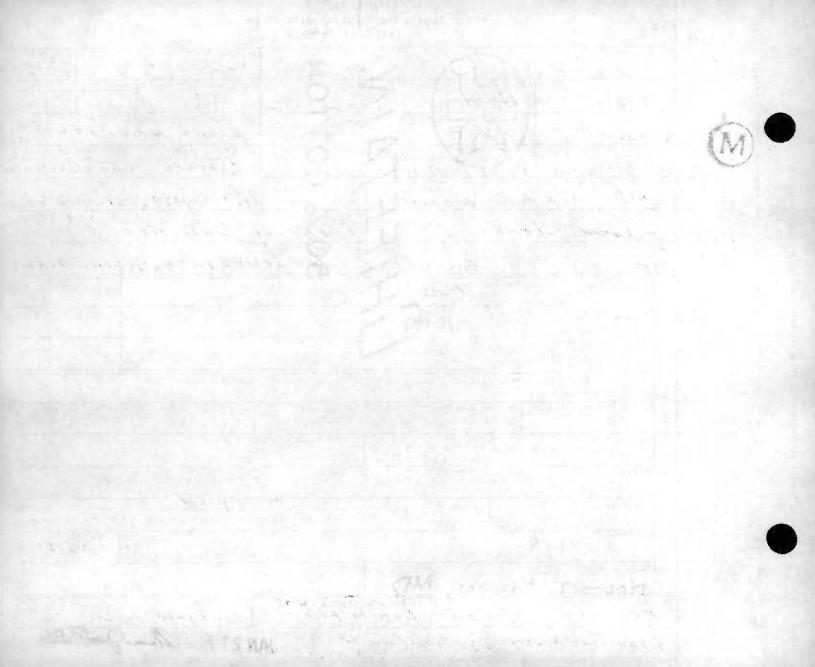
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STATE OF MARYLAND



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME JOSHUA FRED JOHNSON JE 20. DATE KNOWN (TYPE OR PRINT) OF ESTIred oshua 5. DATE OF BIRTH SEX 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHD AV PRONOUNCED White Male Nov. 2. 23 DEAD 58" YRS 76. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY! U.S.A. Maryland WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK Johnson Manager Lumber Co. 13e. STREET ADDRESS Anne Arundel Maryland 416 Magnolia Road YES [NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME OF OF MIDDLE MIDDLE Jubb Johnson, Sr. Mable Fred (Brother) ADDRESS Box 106 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Mr. Wilmer M. Johnson, Gibson Isl. No 217.18.8124 CAUSE OF DEATH (Enter only one couse per line for (a)/(b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES -NO P E 3 SHOULD BE E DEPARTMENT (PRIOR JO BURIA 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 71f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an death resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALTIMORE, MA SIGNED EXAMINER'S NAME (TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 73c. NAME OF CEMETERY MD. 13'Jan. 82 Loudon Park Baltimore, Cremation BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1250. REGISTRAR'S SIGNATURE Glen Burnie **DHMH - 17** (VR A15 ME (5)) Singleton Funeral Home MD. 15M 7/77

STATE OF MARYLAND

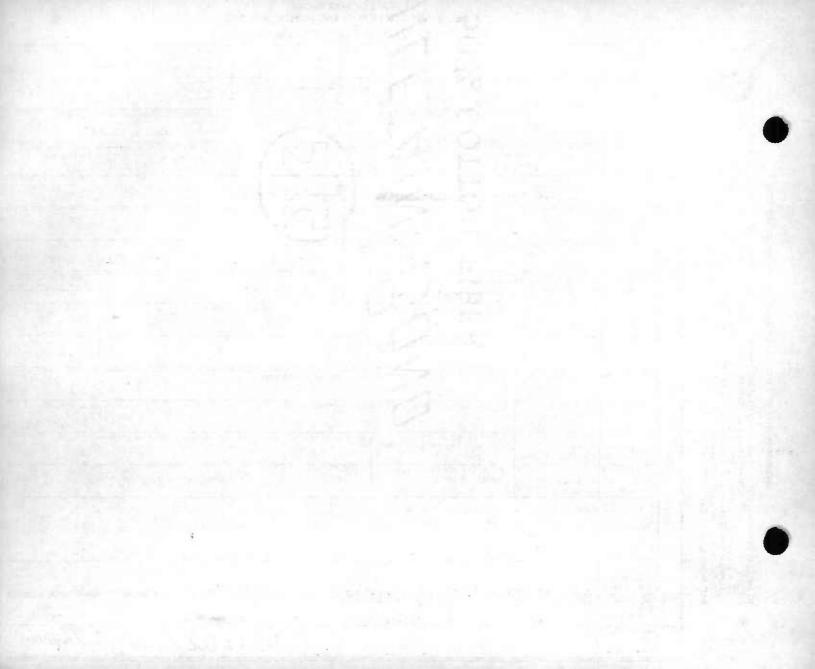
Maryland U.S.A. Manager Maryland Anne Arundel Glen Burnie 416 Magnolia Road X Johnson, Sr. Mable Fred ·T (Brother) Box 106 217.18.8124 Mr. Wilmur M. Johnson, Gibsob Isl. A\N No

Johnson Lumber Co.

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STATE OF MARYLAND



Helfenbein-Hubbard Funeral Home: Chester. Md.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH-16 30M 2/80 (VRA 15, 4)

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24. FUNERAL DIRECTOR Beall Funeral Home 201

16000 Annapolis Rd., Bowie, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME (TYPE OR PRINT) Bertha E. Kirby LAST 20 DATE OF DEATH 1982 6 AGE LINYEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel INBUST END OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) Engraving 1581 Crofton Parkway Arendes Norman F. Kirby, 1581 Crofton Pkwy. APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH u 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinian deoth occurred an the date and have and from the couses stated 22c. DATE SIGNED PHYSICIAN X DIRECTOR PHYSICIAN

DHMH - 16 50M 1/81

(VRA 15, 4)

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ow requires that the death certific been signed by the attending phy mit. Then please remove carbon prior to burial, cremation, or rema any injury, ar other troumotic even	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	inclus his Heen	MOLOLINAL DISEASE OR CONDITION GIVEN 200 AUTOPSY? 200 IF YES, W	ERE FINDINGS USED	
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DHMH - 16 50M 1/81 (VRA 15, 4)	S	Singleton Funeral Home Glen Burnie, Md. JAN 18 1982 Janes Jan Kathen					

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

E MALE WATER THE STATE OF THE S Mr. W. S. F. S. S. Sander British 2500 M. S. Lot got women and A soul Guerry PROPERTY STORY STATE OF STREET STORY ENERGY PORCH TO ANGEL WITCH of the second status electron of the second The same and an artist to the same and a same and a same and a same and a same a same a same a same a same a s BLRIAL 1-6-62 GARMONT CAM. DAWNESS MARKE MARKE Markey 200 HARL ON ENGARDERS AND JAKE SE CHANGE

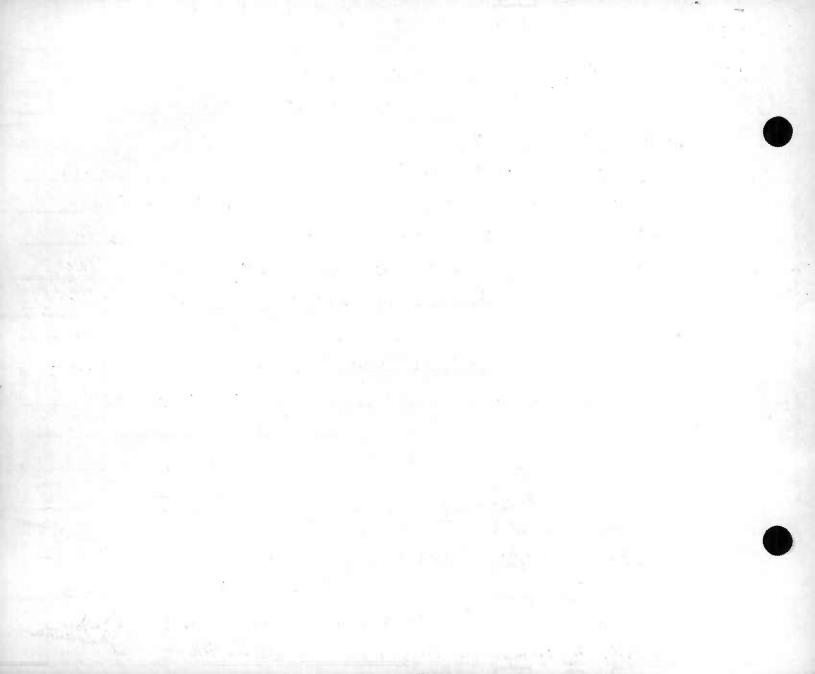
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 mo etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the filling and ashould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar removal.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMOKE, MAKTLAND 21201	deoth	otteno
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The I etoined by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. at Health and Mental Hygiene prior ta burial, cremation, ar removal.
	PITA by	JERA Stote
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	ECE ASED N	AME FIRST	WIDDLE	LAS'	Ť	REG. NO. 28. DATE OF DÉATH MONTH	DAY YEAR 26
. "	YPE OR PRINT)	MARY	r J	KIICHTA		TANKE TO 1.	1000
1.5	EX		4 RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HE
1		nale	Caucasian	Oct	24 1931	50 _Y	RS.
70.	COUNTRY	(STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED	NEVER MARRIED	BALTIMORE CITY OR COL	UNTY OF DEATH
10		sylvania	USA	WIDOWED		ANNE ARUNDEL	
54	GLEN E		11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI NORTH ARUNDEI	HOSPIT		OTHER CONTRACTOR WORK Clerk	ing Life) 126. KIND OF BI
	MD MD	NCE (IF NURSING HOME O 13b COU A.		WN H	3d. INSIDE CITY LIMITS? YES NO 🛣	13. STREET ADDRESS 8404 Maryle	and Road
	FATHER'S N	ST	MIDDLE LAST		5. MOTHER'S MAIDEN NA	ME	LAST
\$20		ymond	H. Snyde		Corinda	В.	Wagner
lea / lea	LYES NO OR U	ASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEIVE WAR OR DATES)		7. INFORMANT	ADDRESS	7.77
Ĕ /	No				John F. Ku	chta, Same a	AS 13 APPROXIMAT BETWEEN ONSI
troumati	gove r	ons, if ony, which ise to immediate		stavis	0		1 6
rinjury, or other troumation	gove r couse underly:	ise to immediate (a), stating the ng couse lost. DITHER SIGNIFICANT	DUE TO, OR AS A CONSEGUED (c) SIN CONDITIONS CONTRIBUTING TO UMPNAM Metas	DENCE OF CAN DEATH BUT NO TASIS			
hows ony injury, or other troumati	gove r couse underly:	of OPERATION	DUE TO, OR AS A CONSEGUE (c) SIM CONDITIONS CONTRIBUTING TO CONDITION FOR WHICH CONDIT	DEATH BUT NOT THE	OT RELATED TO THE TERM	200 AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS ERTIFYING CAUSES OF YES
CERTIFIC	gove or couse underly. PART 2.4	ise to immediate (10), stating the ng couse lost. OTHER SIGNIFICANT PW OF OPERATION DENT WAS UNDERLYING [IBUTING [] CAUSE OF DE	DUE TO, OR AS A CONSEGUE OF TO	DUENCE OF CAN DEATH BUT IN THE DEATH BUT IN THE DEATH OPERATION	OT RELATED TO THE TERM	20a AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS ERTIFYING CAUSES OF YES
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ked or Item 18 shows ony injury, or other troumati	gove or couse underly: PART 2.4 19a. DATE 21a. ACCII OR CONTR (IF EITHE 21d. INJU WHILE	ISE tO IMMEDIATE (10), stoting the (10), stoting	DUE TO, OR AS A CONSEGUE (c) CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH CONDIT	DEATH BUT NO CATE OF THE PROPERTION DAY YEAR 19	OT RELATED TO THE TERM WAS PERFORMED 214. HOW INJURY OCCUR	200 AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS ERTIFYING CAUSES OF YES
-	PART 2.0 19a. DATE 21a. ACCII OR CONTR (IF EITHE 21d. IN JU WHILE AT WORK 22a.1 cer sow	OF OPERATION DENT WAS UNDERLYING [18UTING CAUSE OF DE R, NOTHY MEDICAL EXAMINE RY OCCURRED NOT WHILE AT WORK Tify that (I) (this hasp	CONDITIONS CONTRIBUTING TO THE TOP OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE Dittol) attended the deceased from	DUENCE OF CAND CATH BUT NO CAT	OT RELATED TO THE TERM WAS PERFORMED 214. HOW INJURY OCCUR! 211. LOCATION STREET	200 AUTOPSY? 200. IN C YES NO RED (ENTER NATURE OF INJURY IN ITE	IF YES, WERE FINDINGS ERTIFYING CAUSES OF YES
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		REGISTRAR			IFICATE OF DEATH	REG. N	0.	
e & &		CEASED NAME FIRST		DDLE	LAST	20. DATE OF DEATH	MONTH DAY YEA	2b. HOUR
moy be , page 3 fer death	3. SE	NELLIE X	CULLEMBE 14 RACE		E OF BIRTH	6 AGE (IN YEARS LAST BIR	THD AY) IF UNDER 1 Y	EAR IF UNDER 24 HRS
rector, urs afte		female	Cance	tion "	1 28/1896	85	YRS.	AYS HOURS MIN
1537		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	MARI	NED NEVER MARRIED	9 BALTIMORE CITY O	-unde	
M) 370	10 C	ITY OR TOWN OF DEATH	11. NAME OF HO		E OR OTHER INSTITUTION	12a USUAL OCCUPAT		ID OF BUSINESS O
70 Joe 10	USU	TOWNSVILLE AL RESIDENCE (IF NURSING HOME O	F71'r F	reld Nur	ing Center	Practical	Nurse	
filled ould b	13a.	Md - 13b. COU	A.	CITY OR TOWN	13d. INSIDE CITY LIMITS?	Bob 120	River Rd	
d 2 sh	14. F.	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NO			LAST
omple Comple	14- 1	Arthur	WED FORCESS II	Simmons	Ella			Bowen
n and co			VE WAR OR DATES)	66. SOCIAL SECURITY NO	7/	ADDRE		T 1 . L
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ficat physi pop novo ent,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ED BY:	ne for (a), (b), and (c).1	* Cond	in an	rest BETWI	ROXIMATE INTERVAL EEN ONSET AND DEAT
rent ribon ricev		479 MMEDIA	TE CAUSE (o)	100	2 00 000	une ou	7	100.140
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the a rema emat		gove rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQUENCE OF				
by craft		underlying couse lost.	(c)_	is a conscounce of				
en ple burg	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH B	IT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PAR	Γ1(σ)
t. The for to y injury	CERTIFICATION	a series or opening						
os be prime	FICA	19a. DATE OF OPERATION	196 CONDIII	ON FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	IDINGS USED SES OF DEATH?
ician.	ERT	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF I	MHIDV	21. HOW INTERPROCESS	YES NO	YES 🗌	NO 🗆
certifico certifico priol-tran ental Hy Item 18		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	MONTH DAY YEA		KRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)
his certification of them	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e. PLACE OF	INTURY	21f LOCATION			
the the condition	WE	WHILE NOT WHILE		. FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	wn COUNTY	STATE
After the as the alth and morked		22a I certify the retty (this hosp	tal) attended the	decensed from	Jessel 1 10 80	2 to lan.	4 10 9 2	- d - d - A
or us or us of He		saw the deceased alive on	elec. 3	0 1981	ond that in (my) (our) opinion		ote and hour and from	the couses stated
DIRECTOR DIRECTOR DIRECTOR DEPT. OF TEMPORAL DEPT. OF TEMPORAL DEPT. OF TEMPORAL DIRECTOR DIR		22b. SIGNATURE	on view the body of	ter death,	DEGREE			ATE SIGNED
the of the original of the ori		Harry	1-1te	110	ATTENDING PHYSICIAN	MEDICAL STAI	F /-	4-82
O HOSPITAL erained by th TO FUNERAL should be dera with the State		22d. PHYSICIAN'S NAME	PREVIO	Jun	22e ADDRESS	DIDIKECTOR D FHISIC	SH	13015.06
should by with the		MARALI	J 5	TRINICLD	6146 5	MADYSite	Rd MI	1 20867
sho of water	23a. I	SURIAL, CREMATION, REMOVAL	. 23b. DATE		CEMETERY OR CREMATORY	236 LOCATION		
BP		Burial	1-7-89	Mt Zi	on	Lothian	Mid	STATE
MH - 16 50M 1/81	24 F	UNERAL DIRECTOR				TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	LAT URE
(VRA 15, 4)		Handastu Tunas		ADDRESS		- 2 4000 2	1 (76.7800

15/2 75/4/1 Lasger Jellie E. Landerson Marie 1878 - Standard Standard A PROPERTY OF THE PARTY OF THE SETTING TOTAL



injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	0	0	- Park	1	ć
CERTIFICATE OF DEATH		REG. NO.					

	1-	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO).		
		TENDED IVANE	rgin		atherin	ne LA	NE	Jan. 25	, 198		2b. HOUR
	3. SEX	female		white		5. DATE CO MONTH OCT	OAY YEAR		O YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
7		RTHPLACE (STATE OR FOREIGN DUNTRY) Maryland	5N 7b. C		S.A.	8. MARRIEI WIDOWE	DI DIVORCED	Anne Ar			ty, MD.
4		ty or town of DEATH len Burnie			OSPITAL, NURSING		1 Hosp.	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOUSEWLE	WORKING LIFE)		Home
5	13a. S	AL RESIDENCE (IF NURSING ITATE ITS AT	HOME OR OTHE COUNTY A • A		Seve rn		13d INSIDE CITY LIMITS? YES NO 4	13e STREET ADDRESS 96 Gambr	ills	Rd.	
C	14 FA	THER'S NAME William	MIDDL M •	E	Pearce		15. MOTHER'S MAIDEN NAM	MIDDLE		osweʻi	
		VAS DECEASED EVER IN 1 (IF NO OR UNKNOWN) (IF	U.S. ARMED YES, GIVE WAR N/	OP DATES)	166 SOCIAL SECUI 214.18.(Mr. Milton	on) ADDRE 1 J. Mekin			dena MI
		Conditions, if any, who gave rise to immed couse (o), stoting	MEDIATE C	DUE TO, OR	AS ASONE OF	NCE OF	c Infarction	n		1 (nate interval conset and death day years
1	CERTIFICATION	PART 2 OTHER SIGNIFICATION					NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	GS USED
7		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH	21b. TIME OI HOUR A./ P./	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR				
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
		22a. I certify that (I) (the sow the deceased above, (I) (we) (did)	live on		19	81	nd that in (my) (our) opinion o	death occurred on the do	ite and hour o	and from the	
				honfe	ld M.D	Pul	A.P. A.	XMEDICAL STAF TOIRECTOR PHYSIC	F IAN 🗆	22c. DATE 1 .	25.82
		Paul Sch	onfe	eld	MD	Jer	407 Cmin	Highway G	len E	Burnie	, MD

Burial 28 Jan. 82 Glen Haven No ADDRESS Glen Burnie, Singleton Funeral Home MD.

23b. DATE

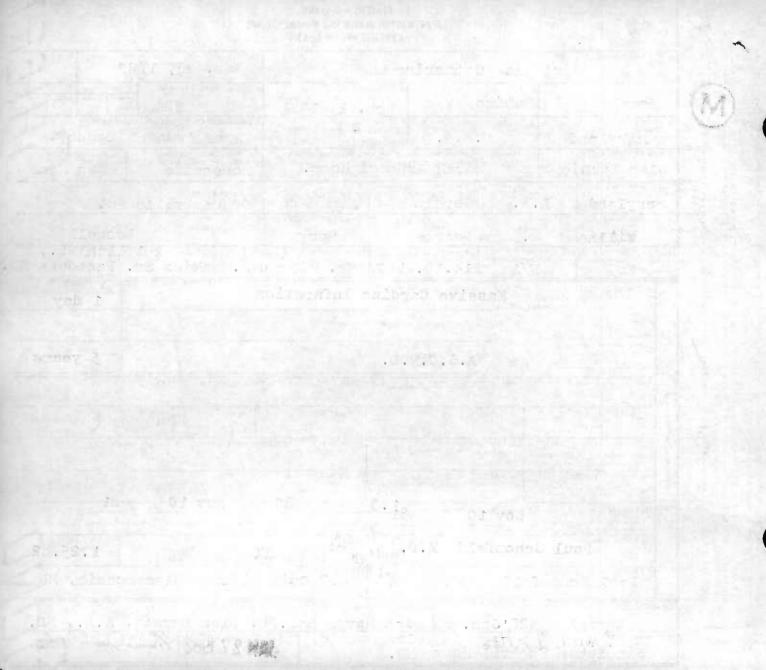
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Glen Haven Mem.Pk. Glen Burnie,

PK Glen Burnie, A.A., MD.

Date rec'd, By registrar 25th digistrar's signature.

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.



STATE OF MARYLAND

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2 21	Item 16b g	563 1/25/82 gj DEPARTME	STATE OF MARYLAND NT OF HEALTH AND MENTAL HY	GIENE 2 0 0	1 1 7 8
10	REGISTRAR		AMINER'S CERTIFICATE OF	DEATH REG. NO.	
	1. DECEASED NAME (TYPE OR PRINT)	FIRST	LAST	20. DATE KNOWN MONTH	DAY YEAR 26 HOUR
URS. URS.		RAGBURN	Levy	DEATH MATED	1619 82 AM
ON ST	S. SEX 4. RAC	MONTH DAY YEAR 31 1918	6 3 RS.	PRONOUNCED DEAD	16 19 ST PM
WIE STATE	70. BIRTHPLACE (STATE OF FOREIGN COUNTRY) Anyland	76. CITIZEN OF WHAT COUNTRY U. S. A.	8. MARRIED ANEVER MARRIED WIDOWED DIVORCED		1 1
35 1	The BURNI	ATH II. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NO RIS. PIECO NO	ADDRESS)	20. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) FOOD SERVICE	12b. KIND OF BUSINESS OR INDUSTRY HOST Limbrough
AL RECORDS	SUAL RESIDENCE (IF IN NI 30 STATE laryland	URSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	TOWN 13d. INSIDE CITY LIMITS? 13	se STREET ADDRESS 6309 08 Len Burnie, Mary	
720	14. FATHER'S NAME Donald	MIDDLE LAST Lev	15 MOTHER'S MAIDEN	NAME	LAST Tolmes
20 Noision of			SECURITY NO. 17. INFORMANT Bal	timore ADDRESS Md.	21217 Franklin St
ION, OR REMOVAL.	Canditions: if gave rise to cause (a) stotin lying cause last	immediate (b)	DUENCE OF	1 (a).	BOWNEN ONSET AND DEATH
1000	190. DATE OF OPER	ATION 196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED?		20. AUTOPSY? YES NO
	CONTRIBUTING 21d INJURY OCCUR	OR HOUR A.M. MONTH DA CAUSE OF DEATH P.M. RED 21e PLACE OF INJURY (A	Y YEAR 19 THOME, 21f. LOCATION	ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P	
0	AT WORK AT V	I took charge of the remains described above, h		Undetermined manner , DATE MEDICAL EXAMINER SIGN	4.60
BATTMORE, MARYLAND, 237	EXAMINER'S NAME (TYPE OR PRINT)	" L'WHARIS!	ADDRESS J-n	resporting hel	
	Burial Burial	1/20/82 Mt.	Calvary Cemetery	Anne Arundel Co	unty state
(1)	14. FUNERAL DIRECTOR	BACTIMORE ADDRESS MARYL	18 3035 W NONTH PO	C'D. BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE

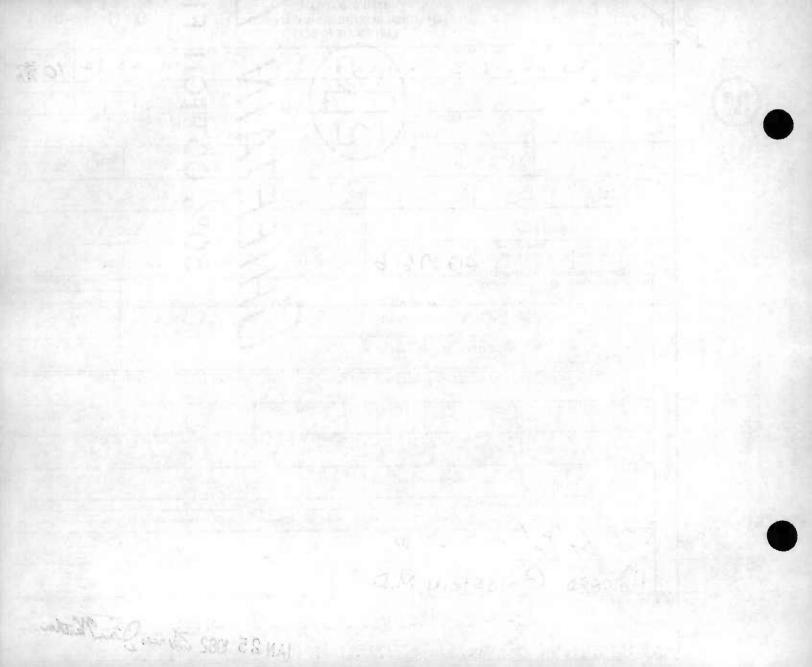
Are the second of the second o Months A northwell more and grant married De - STEET - Continued Hart Deliver ST-102 - OH Burial It & stranger of the Medical Stranger of the Miles

STATE OF MARYLAND

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10	1	STATE REGISTRAR	DEPARTA		IEALTH AND MENTAL HYGI FICATE OF DEATH	REG. N	0	0 1	0 1
1		CEASED NAME FIRST	field S L		AST Th.	20. DATE OF DEATH	MONTH DA	3 8 2	26 HOUR
1	1. SE		4. RACE White	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI	MO	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
0025	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE WIDOWE	D 🛭 NEVER MARRIED 🗆	9 BALTIMORE CITY O	YRS. DR COUNTY (OF DEATH	MD
53	An	napolis	11. NAME OF HOSPITAL, NURSIN AA GENETAL	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT		126. KIND OI INDUSTRY DALL	F BUSINESS OR
385		Md 136. AX	OTHER INSTITUTION GIVE RESIDENCE BEFORE LA CITY OR TOWN Edgewate		13d. INSIDE CITY LIMITS? YES NO	137 378 EE MADDRESS	2		
10×02C		ntield S. Lyons	St LAST		Emily	AE MIDDLE	Le	e LAST	
ovol.	16a V	VAS DECEASED EVER IN U.S. AR/	MED FORCES? 166 SOCIAL SECU E WAR OR DATES)	RITY NO.	Edward C. Lyo	ons Sr;Eage		Md.	
ury, or other troumotic	z	Conditions, if ony, which gove rise to immediate cause io), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERMI	nal disease or con	DITION GIVE	N IN PART 1:0	
ows ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY! YES	WERE FINDIN	GS USED OF DEATH?
Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA- (IF EITHER NOTIFY MEDICAL EXAMINER)		Y YEAR	21c. HOW INJURY OCCURRE			T I OR PART 2)	
orked or	MEDICAL	21d INJURY OCCURRED WHILE ONOT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	IRM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
n 21 is me		220-1 certify that (1) (this haspit sow the deceased alive an above/(1) (we) (did) (did not	ol) ottended the deceased from	or , or	nd that in (my) (our) opinion de	, to eoth occurred on the d	ote and hour o		hot (I) (we) lost couses stated
tote Depr		22h STONATUME		87_ 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE S	IGNED
with the Sto		PHYSICIAN'S NAME (TYPE OF	Dolostein, 1	d,n	22e ADDRESS				
<u> </u>	B	URIAL, CREMATION, REMOVAL SPECIFY) WIAL		imary	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN Annapola	A (A	COUNTY ON	STATE
\ 1/81 I)		neral director adesty FH,12 Ric	igely Ave, Annapo	lis, M	d.21401 JAN	2.5 1982 Z	Sh REGIS	MANAGE	THE T

STATE OF MARYLAND



HOSPITAL

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injury, or other troumotic

MPORTANT: If Item 21 is marked ar Item 18 shows ony

3/1	FOR - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 3 2	00182
	ECEASED NAME FIRST	MIOOLE	LAST		MONTH DAY YEAR 26 HOUR
-	CHARL		MAGRUDER		01 20 82 8 PM
3 S	MALE	4. RACE NEGRO	5. DATE OF BIRTH MONTH OS OS YEAR	6. AGE (INYEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	_	RONDEL MD
3 A	NNAPOLIS	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH EACHITY, GIVE ST ANNE ARUN)	RSING HOME OR OTHER INSTITUTION REET ADDRESS) FLASERAL HOSPITA	12a USUAL OCCUPATI	
13a.	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY)	OTHER INSTITUTION GIVE RESIDENCE BITY ISC. CITY OR T		1074 m	ARL BORO RO
		MAGRUD	FIRST	ORENCE MIDDLE	SHARPS
	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b SOCIALS E WAR OR DATES)	,	ADDRE 1074 M	Lothian, Md.
	18 CAUSE OF DEATH lEnter on PART I. DEATH WAS CAUSEI MMEDIAT Conditions, if ony, which	ly ane cause per line far (a)/(b)	PATOMA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSE			
ATION	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing</u>	TO DEATH BUT NOT RELATED TO THE TE	rminal disease or coni	DITION GIVEN IN PART 110
CERTIFICAT	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH

> 21f. LOCATION STREET

MEDICAL NOT WHILE 22a. I certify that (1) (the the attended the deceased from sow the deceased alive on and that in (aux) (our) opinion death accurred on the date and hour and from the causes stated

19

(did not) view the bady after death DEGREE ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY

CEMETERY

22d-RHYSICIAN'S NAME (TYPE OR PRI 22e ADDRESS

MOSES

1-23-1982 24 FUNERAL DIRECTOR Annapolis, Md.

236. DATE

P.M

21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

25a. DATE REC'D. BY REGISTRAR 25b. RESISTRAR

CITY OR TOWN

DHMH - 16 50M 1/B1 (VRA 15, 4)

BURTAL

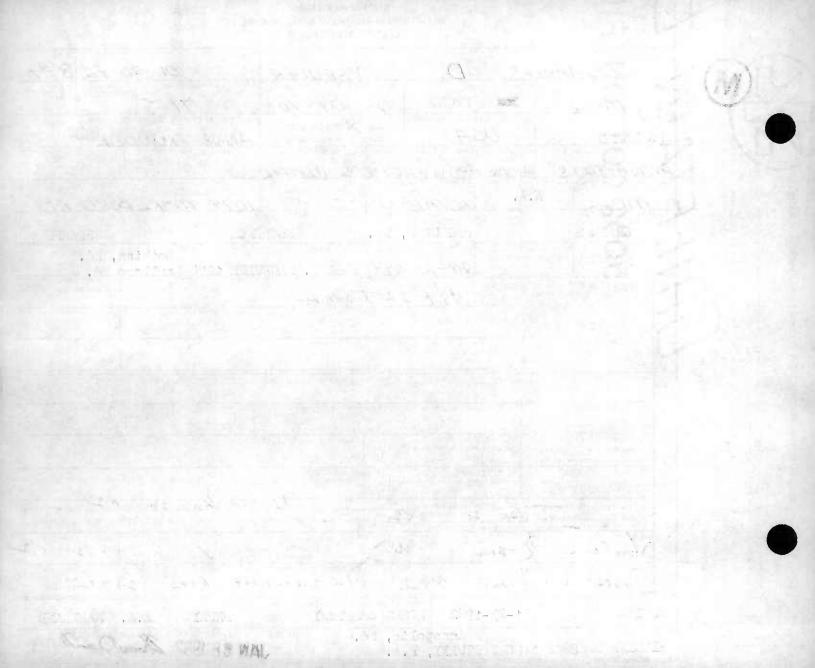
230. BURIAL, CREMATION, REMOVAL

(IF EITHER, NOTIFY MEDICAL EXAMINER)

SONS MORTUREY, P.A. 80

COUNTY

STATE

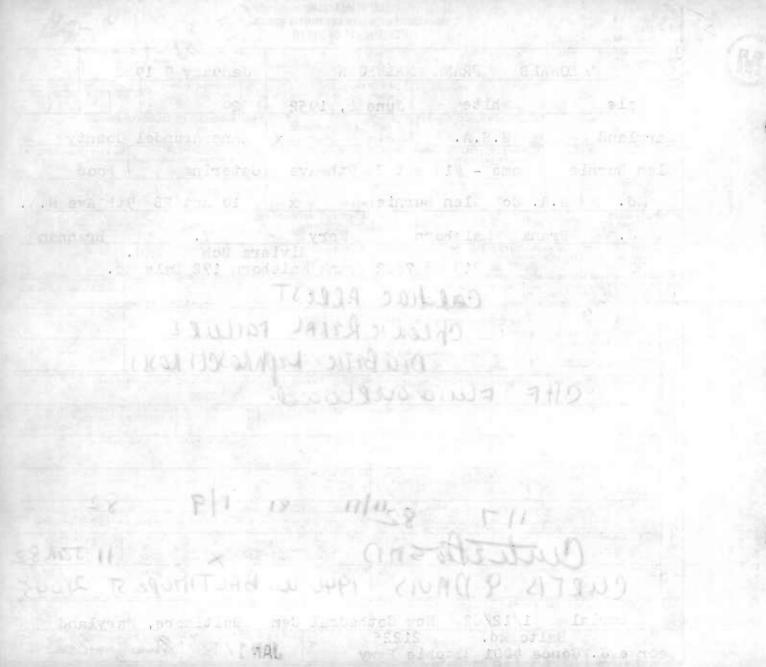


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

STATE



FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/B1

(VRA 15, 4)

1321 Shore Dr. Richardson Edgewater. Md. Theron Johnson, 122 Valley View Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Laurel, Md. COUNTY STATE Md. National Memo. Park 24. FUNERAL DIRECTOR 25a, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Beal T Funeral Home, 1212 West St., Annapolis, Md.

STATE OF MARYLAND

CERTIFICATE OF DEATH

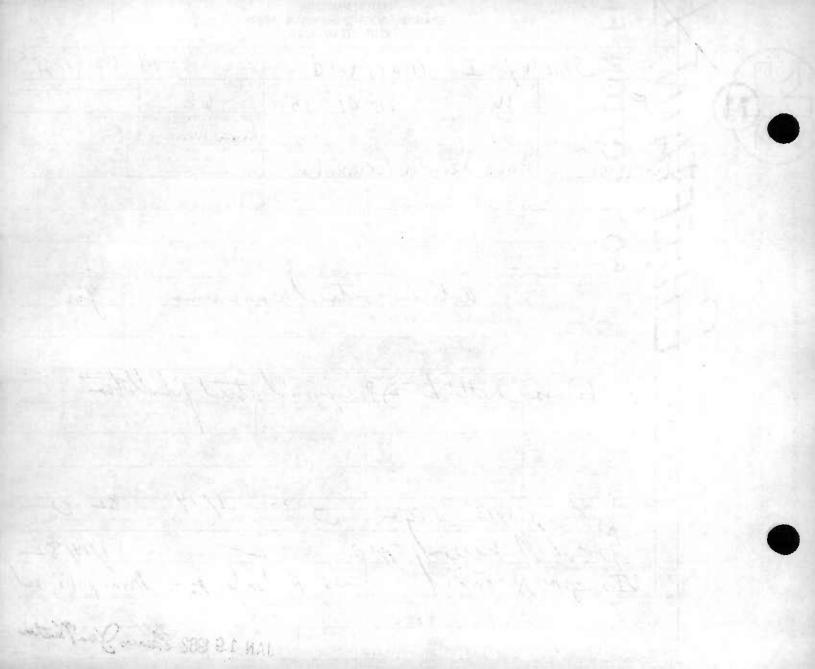
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO

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M	1-	FOR STATE			DEPARTA		EALTH AND MENTAL HY	GIENE 0	2 0	0 !	0 2
1	1	REGISTRAR				CEKIII	ICATE OF DEATH		REG. NO.		
1		CEASED NAME	FIRST	,	MIDDLE	ı	AST	2a. DATE OF DE	ATH MONTH D	AY YEAR	26 HOUR 2 O
1	(1111	OK PRINT)	hir	64	I. M	lan	told		1-14-	82	124
	3 SE	(1	I. RACE		5. DATE C	DE BIRTH	6. AGE (IN YEAR	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		E		W		MONTH	DAY YEAR	1	10	ONTHS DAYS	HOURS MIN.
	do Di	RTHPLACE (STATE OF		-	WHAT COUNTRY?	10	0/-15	2 2 1 2 1 2 2 2	YRS.		
20		OUNTRY			WHAT COUNTRY?	MARRIE	NEVER MARRIED	BALTIMORE	CITY OR COUNTY	OF DEATH	
2		Churchton		USA		WIDOWE		14101	150 NDOL	(6)	MD.
-	I C	TY OR TOWN OF DEA	TH I		HOSPITAL, NURSIN THE CILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OC	CUPATION R MOST OF WORKING LIFE		BUSINESS OR
20	AN	CILCODING		ANNE	3 GUNDA		Eural:	restan			employed
25	USU,	AL RESIDENCE (IF NURS	13b COUN	THER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e. STREET ADI	DECC		
35	M			A. Co.	Church		YES NO X	1202	Delaware.	Aug.	
		THER'S NAME			1 0110000	DCOTE	15 MOTHER'S MAIDEN N		- Countries	71001	
71	-	FIRST	M	IDDLE	Dada		FIRST		IDDLE	Ford	,
		homas /AS DECEASED EVER	IN U.S. ARA	AED FORCES?	Rodge		Bessic 17 INFORMANT		ADDRESS	Fortu	
1	- (ES NO OR UNKNOWN)		WAR OR DATES)				0 . 0		. 17.7	
		no			218-12-9		Jean Caldu	vell	Churcht		
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	one couse per	line for (a), (b), one	d (C)	-1= /			BETWEEN	MAYE INTERVAL MSET AND DEATH
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-27	3	1740		DUE TO, O	R AS A CONSEQUE	NCE OF				1	
		Conditions, if ony,	which	(b)_							
		gove rise to imm	nediote g the	DUETO	R AS A CONSEQUE	NCE OF					
	- 8	underlying couse	lost.	((c)_							
		PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DIFFASE O	CONTRITUDIN GAR	A FRANT TIS	
	ON	1) 262	class	- hi	ttoch	25) A	arolyman	atris	Arhille	Man	
0	CERTIFICAT	190 DATE OF OPERA	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS ERFORMED	264: AUTOPS	20b. IF YES,	WERE FINDING	GS USED
1	TE							VESTI N	YES	ING CAUSES	NO
0	CER	21a. ACCIDENT WAS UND	ERLYING	21b. TIME C			21c. HOW INJURY OCCU	RRED (ENTER NATURE	OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)	
4	AL	OR CONTRIBUTING (HOUR A.		AY YEAR					
-	MEDICAL	21d INJURY OCCUR		21e PLACE		19	211. LOCATION				
	M	WHILE NOT WH	ALE	(AT HOME STE	REET, FACTORY, OFFICE, F	ARM ETC }	STREET	C	TY OR TOWN	COUNTY	STATE
	- 8	AT WORK AT WOL) 	D Maradad M				- 11	14	87	
20		220.1 certify that	d allymen	on one idea in	deceosed from	52-	d that in (my our) opinion	dooth assured a	the data and have	9_0	ha (I) (we) lost
		22b. SIGNATURE	id aid of	view the body	atter_death.			- deom occorred o	n the dote ond nour		
		226. SHOPPE ONE	11	n =	/	0.4	DEGREE ATTENDING	MEDICAL	STAFF	22c. DATE S	IGNED
		Anc	1 1	1.11	med,	M-	• PHYSICIAN		PHYSICIAN [1//7	182
1		22d. PAYOCIAN'S NO	DAE INVEDE	PRINT	- ' /		22e ADDRESS	1/		/	10
	42	Wose	on.	N. TY	rend		205 KIO	laely s	we. H	nnapo	lis med
	23a B	URIAL, CREMATION	REMOVAL	236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23 LOCATIO		-	4
	B	urial		1/16/8	2 Sa	t Jame	A	CITY OR T	thian, Md.	COUNTY	STATE
		INERAL DIRECTOR	0.41	17,70,0			25a D/	ATE REC'D. BY REG	STRAR 251- PUGISTR	AR'S SIZNATU	Colle
	Ц	ardesty Fu	100 4 00	Hama	ADDRESS	P		JAN 191	982 Cours	as John	4
	11	ruesiy ru	necut	II DINE	I KAUDE	AU AL	e. Ann. Ma.	01111			



-1.5	FOR				STATE OF	MARYLAN	ID			474		.4.
1	- STATE			DEPARTMENT					2.	0	0	8 6
1. [REGISTRAR DECEASED NAM	F FIRST	ME	MIDDLE	MIINEK 2	LAST	LATE OF			. NO.		
	TYPE OR PRINT)	Frank							OF ESTI-			YEAR 2b. H
3.5	EX	1 RACE	IS DATE OF BIRTH	G.	(IN YEARS IF L	Maus	IE LINDED O		ATH MATED	HTMOM		82 YEAR (2d H
	nale	white	5. DATE OF BIRTH	YEAR LAST	BIRTHDAY) MON	THS DAYS		MIN. PRON	DATE	1	2	14
	BIRTHPLACE (S		Aug. 8,	1961 20	I e			0.04	DEAD LTIMORE CI	TY OR COUR	17	
	FOREIGN COUNTRY) Maryl					RIED NE				_		
1D.	CITY OR TOWN		11. NAME OF HOS	S.A.	HOME OR OT		DIVORCED	2a USUAL O	Anne Ar	undel	Count	OF BUSINES
	alen Bur	–	North A	cility, give street adi	ospital		DOA	FOR MOST O	ployed			DUSTRY
US 13a	UAL RESIDENCE STATE	(IF IN NURSING HOME C	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE A	DMISSION)	13d. INSIDE CI	TV LIMITED II	3e. STREET A				
L	MD.		Arundel	Glen B	ımie	YES 🗌	NO TE	7812	6. Hamp	ton Dr	c. Apt	В
14.	FATHER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDEN	NAME	MIDDLE			
	Leonar		J.	Maus			oan		M.		Smith	
160.	WAS DECEASE	DEVER IN U.S. ARA	WAR OR DATES!	16b. SOCIAL SE		17. INFORM	MANT		ADDR	RESS Arno	1d 21	012
	yes	198	30	214-84-	9671	Joan	M. Ru	ckle-8	360 Bir	chwood	1 Ct.	
	18. CAUSE O	F DEATH (Enter onl	y one cause per line	for (a), (b), and (c	:).)						APPRO	DXIMATE INTERV
	PARTIDE	ATH WAS CAUSED IMMEDIAT	E CAUSE (a)M			S	Land.				BETWEEN	CHARL AND L
1 -	814	1		AS A CONSEQUE					7 / 10			
-		ns, if ony, which se to immediate	(b)			THE STATE OF						
Н	couse (a) lying cou	stating the under-	DUE TO, OR	AS A CONSEQUE	NCE OF		14					
			(c)					PING				
1.	PART 2 OTHER ST	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	IE TERMINAL DISEA	SE OR CONDITION	GIVEN IN PART 1	10).				
CERTIFICATION	10 0475.05	0.050 / 5/-01										
A)	190. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION V	WAS PERFOR!	MED?				20 AUT	OPSY?
	21. EVTERNIA	L CAUSE WAS	21b. TIME OF	Th (1) Inv	To:							NO XX
		OR	HOUR A.M		YEAR 21c. F	OW INJURY	OCCURRED	ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 OR PA	ART 2)	
MEDICAL	CONTRIBUTION CONTR	NG CAUSE OF D	PEATH ? PAGE C	1/3 DE INJURY (ATHO	9 82 pe	destri	an str	uck by	movin	g vehi	cle	5.
W.		NOT WHILE	STREET, FACT	ORY, FARM, ETC.)		STREET			OR TOWN		OUNTY	ST
	AT WORK	AT WORK	x roa	adway	lRi	tchieH	wySout	hOfJum	persHo	leRd, P	asade	naAACo
	22a I certi	fy that I taok charg	the remains des	cribed abave, held	an Auta	psy XX	Inspection	, Inq	uiry .	and in my a	ipinion	
	death result	ed from: / typhur	ol courses	Accident XX	Suicide	, Homici	de 🔲	Undetermine	ed manner],		
	ACTUAL	SHE	2111	12		TITLE (SF						
1	SIGNATURE	//	· un		^	A.D. ASS 1	stant	_MEDICAL E	XAMINER	DATE	ED_1/	4/82
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	(TYPE OR PRI	VT)	lormez R.			ADDRESS_			treet,	Balto.	MD 21	201
230	BURIAL, CREMA (SPECIEY) Crema:	TION, REMOVAL 2			F CEMETERY C		RY	23d. LOCATION Westvi	NC	- con	to.	MD.
2.4	FUNERAL DIRECT	tion 1			iew Cr		У	westvi	.ew	-04	-	()
14.	PANE DIRECT	7		501 R.H			Se. DATE PE	BYREGI	1982 Sb. R	Minu.	GHATUR	lary
	COBELL	J. Darra	700.	Severna	, Park	MU					1	

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2		TATE EGISTRAR				AL EXAM	NER'S		CATE O	DEA	TH	REG. N	10.			
		EASED NAME OR PRINT)	FIRST	1514-75	MIDE	DLE		LAST		2	a. DATE K	NOWN [MONTH	DAY	YEAR	2b. F
9			Je	ffrey	T	homas			Devit		DEATH /	MATED [7 1	2 1	982	
3	. SEX		I. RACE	5. DATE OF B	IRTH	6. AGE (III EAR LAST BIR	YEARS IF UN		IF UNDER 2		C. DATE	CED	нтиом	DAY	YEAR	2d. l
L		ale	white		12-6	2 19	YRS.		1100110		DEAD		1		, 82	No
1	a. BIR	THPLACE (ST/	ATE OR	76. CITIZEN C			B. MARR	IED NE	VER MARRIE	D X	9. BALTIMO	ORE CITY	OR COUN	ITY OF DE	ATH	
2		Maryl			U.S.		WIDOW	VED	DIVODES		AL OCCUP	o Ar	unde l	Cour	ntv	
1		Y OR TOWN C		11. NAME OF	HOSPITAL	L, NURSING HO	ME, OR OTH	IER INSTITU	TION	FOR M	OST OF WORKS	NG LIFE)	PE OF WORK	ORI	NDUSTE	Y
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Ļ	_	Id.		A.A. C	0.	Pasade	na	YES 🗌	NO 🔀		17 Ea	ast	Shor	e Ro	1.	
1	4. FA	HER'S NAME		MIDDLE		LAST		F	ER'S MAIDEN		MID	DLE	37/5		ST	
1		Norma		Н.		cDevit		I7. INFOR	orett	a		100000		Gert	per	
1	60. W	NO, OR UNKNOV	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		SOCIAL SECU						ADDRES				
Ŀ		NO					0087	Mr.	Norm	nan .	McDe	vitt	sam			(
1		18. CAUSE OF	DEATH (Enter of	nly one cause pe			0							BETWE	ROXIMATE EN ONSET	AND
ŀ		911		TE CAUSE (o)_		ration		stric	conte	nt	7					
	7	Condition	s, if ony, which		O, OR AS A	CONSEQUEN	E OF									
1	-	gove rise	e to immediate	(b)_										_		
1		lying cous	stoting the <u>under</u> e lost.	DUETO	O, OR AS A	CONSEQUENC	EOF									
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H	CERTIFICATION	210. EXTERNA	L CAUSE WAS		AE OF INJU		21c. H	OW INJURY	OCCURRED	LENTERN	ATURE OF INJU	RY IN ITEM 18	B PART I OR P		3 (1)	IAC
		UNDERLYING	OR IG CAUSE OF	0		1/2/ 19	AR I		tting						auto	f
		21d. INJURY O		21e PL	P.M. ACE OF IN	JURY (AT HOME	. 21f. LO	CATION H		digh	Point CITY OR TOW		m. Sc	Coods		
1	M	WHILE AT WORK	NOT WHILE	STREE	T, FACTORY, F	in fie		STREET		53	as ad e	ena.	A.A.	OUNTY	M	d.
, L																
		220 certif	y that I took char	ge of the remoi				1^	Inspection		Inquiry 1		nd in my c	pinion		
7		-		red dauses	, Acci	dent ,	Suicide	, Homi		Undete	rmined mor	nner	,			
		deoth resulte	d from: Note					TITLE (S	SPECIFY)							
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	1		d from: Not	sua	W	_ '	N		sista	1 thedi	CAL EXAMI	NER	DATE		1/4/	82
2	-	ACTUAL SIGNATURE_ EXAMINER'S I	JAR NAME	ona	W Comment	od M D	DAR	1.D. <u>A</u> S					SIGN	IED	1	82
	d	ACTUAL SIGNATURE_ EXAMINER'S IN (TYPE OR PRIN	NAME HO	rmez R.	Guar	'd, M.D.		A.D. AS	sista 111	Penr	n Stre		alto.	MD 2	1201	
	73n BU	ACTUAL SIGNATURE_ EXAMINER'S IN (TYPE OR PRIN	NAME HO	23b. DATE		23c. NAME OF	CEMETERY C	ADDRESS_	sista 111 ORY	Penr 123d LO	Stre	et.B	alto.	IED	1201	ATE
L	23a. BU	ACTUAL SIGNATURE EXAMINER'S I (TYPE OR PRIN	NAME HO 1001, REMOVAL	1/7/8	3		CEMETERY C	ADDRESS_DR CREMATE	sista 111 ORY	Penr	Stre	et B urni	alto.	MD 2	1201	

15M 2/80

THE RESERVE OF THE PARTY OF THE the state of the s TOTAL COMES AND DESCRIPTION OF THE STREET OF T- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 CERTIFICATE OF DEATH 2a DATE OF DEATH 2b. HOUR 031 January AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Anne Arundel DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Own Home 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 318 Gatewater Ct., Apt 10: NOX 15. MOTHER'S MAIDEN NAME MIDDLE Victoria DeRose ADDRESS 17 INFORMANT Husband Same as Charles W. McKean APPROXIMATE INTERVAL 8 mas ARCINOMA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 211. LOCATION COUNTY CITY OR TOWN STATE and that in (my) (our) opinian death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

> 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Jan. 19,82 Woodlawn Cemetery Baltimore

> > 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR

DHMH-16 30M 2/80 (VRA 15, 4)

24. FUNERAL DIRECTOR

Singleton Funeral Home, Glen Burnie, Md.

Amedia cosem charte E 10. 35 'LESEMIS TO E SILVE TO THE BUILT OF THE STATE THE DAY CHOOSE HE IS THE TREE TO SEE There is a second of the second Maybeard - The Theory of the March De - The Decoration

	1		STATE OF MARYLAND		
	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2	0018
		CEASED NAME FIRST ARE E OR PRINT)	AEL J. MCNULTY		MONTH DAY YEAR 26 HOUR \$
directo hours o		Male	White Jan 3, 191.	3 69	MONTHS DAYS HOURS MIN
death.	1	Dew York	4. S. A. MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNEA	RUNDEL ,
is the state of th	1	NNapolis A	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FABILITY, GIVE STREET ADDRESS! NNE ARUNDUL COLUMN	12a USUAL OCCUPAT	
filled ould b	13a.	MAD. 13b. COUNTY	136. CITY OF TOWN 136. CITY OF TOWN 136. INSIDE CITY LIMITS? 700 PO	1187	River Bay Rd.
completely 1 ond 2 sh	14 F	ATHER'S NAME MIRST MICCHAEL J	Mc Multy Eller	NAME MIDDLE	Mc Andrew
on ond co		VAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (IF YES, GIVE WAI		Mc Nult	- Sec 13.
equires that the death or n signed by the ottendin Then please remove corb 'to burial, crematian, or injury, or other traumotic	NO	Conditions, if any, which gove rise to immediate couse (o), storing the underlying cause last	DUE TO, OR AS CONSEQUENCE OF 161 OUT ION OR ASSOCIATION OF THE TELEPOOR OF T	RMINAL DISEASE OR CON	DITION GIVEN IN PART 110
on. hos bee t permit. ene prior	CERTIFICATION	19a DATE OF OPERATION	96 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
HYSICIAN: The doing physicio pus certificate buriol-tronsit Aental Hygie or Item 18 sho	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH {IF EITHER_NOTIFY MEDICAL EXAMINER}	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
DING PH or attenth se os the alth and marked o	WE	WMILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TO	WN COUNTY STATE
ATTEN BSpital CCTOR: d for us t. of He m 21 is		22a I certify that (I) (this hospital) of the distribution of the	w the body atterdeath. , and that in (my) (our) opinion DEGREE		, 19 , , that (1) (we) k ate and hour and from the causers toted 22c. DATE/SIGNED
			ATTENDING	MEDICAL STAT	10ND 216
retained by the hit of TO FUNERAL DIRE should be detache with the State Dep IMPORTANT: If their		22d. PHYSICIAN'S NAME (TYPE OR PRIN			A limit

THE RESERVE STATE OF Contract of State Contract of The Seal I M. Willy Eller Me States

10		17, per call w/ FOR STATE REGISTRAR	F.H. 1/5/82 kam DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		00190
1/25		CEASED NAME FIRST Mary	Elizabet		January 4,	1982 PAR 25. HOUR
(M)	3. SE	Female	White	S. DATE OF BIRTH Sept. 27, 1913		MONTHS DAYS HOURS MIN
deoth. Person of once	C	OUNTRY Va.	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE WIDOWED DIVORCE	nne nu	endel County MD.
by the fu	9	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING 8284 Choptank	oad	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Macrinist	
filled in hould be	Ma		other institution give residence before. It will be a sadena	YES NO	8284 Chapte	ank Rd. 21122
ompletely ond 2 s		Charles	MIDDLE LAST Rande	15. MOTHER'S MAID FIRST Alma	WIDDLE	2 LAST
be execu	16a. \	VAS DEČEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECUR WAR OR DATES! 214-16-33	17. INFORMANT 52 Mrs. Roy	ADDRES 4 Graner 715 Gr	iffith Rd. Towson-
physical phy		PART I. DEATH WAS CAUSE	ly one cause per line far (a), (b), and D BY: E CAUSE (a)	has ares		BET WEEN ONSET AND DEATH
death ce attendin ove corb stion, or r		Conditions, if ony, which	DUE TO, OR S A CONSEQUE	ACE OF welli	tur	10 yr
that the d by the ease rem ol, cremo		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	mertersin		10 cm
en signe er to burry, or	NOIL	PART 2. OTHER SIGNIFICANT C	NA		E TERMINAL DISEASE OR COND	
The law cion.	CERTIFICATION	190 DATE OF OPERATION	N/c	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO NO	10b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO
SICIAN: ng physic certificat oriol-fron entol Hy them 18 s	MEDICAL CE	2)a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P.M.	Y YEAR	CCURRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2]
NG PHY offer this os the but th and M	MED	WHILE NOTY ILE AT WORK AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OPENSE, F	RM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI sspital or :CTOR: A d for use r, of Heal		sow the deceased alive on obove, (I) (we) (did) (did na	tal) ottended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	/	pinion death occurred on the dat	, 19 , that (I) (we) last te and hour and from the causes stated
by the hor by the		22b. SIGNATULE MA	nighting	DEGREE ATTEND PHYSIC		22. DATE SIGNED
TO HOSPIT TO FUNER should be owith the Str		1 HE MA	NUZAK 7	-57.5 RITCHIE	HWY, GLEN	BULIVIE, MD
BP		Burial Burial	1/7/1982 91	en Hazen Men.	Dank Gland	Anne Arundel Md.
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	untain and lich	ly funeral Home of	f Pasadena	SATURITE RECOT BY REGISTALAND	SEREGISTRAR'S SIGNATURE

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	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 2 0 0 1 9 1 REG. NO. E.S.T.
-/>		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
y be		MARIE	ELIZABETH	METZGER	JANUARY 5, 1982 11:55A M
0 F	3 SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
age 4		FEMALE	WHITE	JANUARY 14,1907	74 YRS. MONTHS DATS HOURS MIN.
h. Po	,7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
deat uner		MARYLAND	USA	WIDOWED DIVORCED	ANNE ARUNDEL COUNTY MD.
by the fur filed within filed within	0	LEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STREE NORTH ARUND)	EL HOSPITAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) TTTS BURG PLATERS TTTS BURG PLATERS TANT
n 24 hours rfilled in by hould be fill	13a	MD ANNE	A	VN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 489 SHORELAND DR.
uted within completely f		UNKNOW	MIDDLE LAST		KNOWN LAST
be execution and co		MAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SEC E WAR OR DATES) 218-10-	211. 7 (8)	EIL (SAME AS LINE 13)
quires that the death ce signed by the attending hen please remove corbina burial, cremation, or fury, or other traumatic	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO	ience of	NINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The law relation.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
physical phy		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
IG PHYSICIA ottending place this certification is the buriol-transfer on them.	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE
OR ATTENDIN e hospitol or DIRECTOR: Af oched for use Dept. of Health f them 21 is mo		220 I certify that (I) (this hospit saw the deceased ulive on above, [1] (we fold) also not	ol) ottended the deceased from	P 2, and that in my our) opinion	death accurred on the date and hour and from the couses stated
_ <u> </u>	5	226 SIGNATURE	entropo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN Jan. 5.186
O HOSPITAL TO FUNERAL should be det with the Stote		22d. PHYSICHAN'S NAME TYPE O	PRINT)	27° ADDRESS 7845	OAKWOOD RD., \$204
O HO Propries MPOR MPO	1	CHARLES J. W	U, M.D.	GLEN	BURNIE, MARYLAND 21061
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	JAN. 8, 1982 G	NAME OF CEMETERY OR CREMATORY LEN HAVEN MEM. PX	23d LOCATION CITY OR DOWN C. GLEN BURNIE ANNIE ARUNDEL M
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME BERT BARRANCO	50 LORA	TCHIE HWY. 1599A	FIRECIA BY BEGISTRATEN. REGISTRATES, SIGNATURE

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BP. DHMH - 16 50M 1 (VRA 15, 4)

page 3

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1	- STATE	DEPAR		EALTH AND MENTAL HYG	IENE O 62	0 0	
1	REGISTRAR			ICATE OF DEATH	REG. N		E.S.T
	DECEASED NAME FIRST YPE OR PRINT)	WIDDLE		AST	20. DATE OF DEATH		R 26 HOUR
	RUSSE			IETZGER .	JANUARY 2		2:55
3. S		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HR
L	Male	Write	ful	y 23, 1978	63	YRS.	ALCONS MA
10.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF DEATH	1
	Manyland	U.S.A.	WIDOWE	D DNORCED	ANNE ARUNI	DEL COUNTY	
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)		120 USUAL OCCUPAT		ID OF BUSINESS
	GLEN BURNIE	NORTH ARUNDEL	HOSPI	TAL	Truck Dri	ver 1	nucking
139	UAL RESIDENCE (IF NURSING HOME C STATE 13) COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		- 11181
		2 Arunde Pasadi	ena	YES NOX	13e STREET ADDRESS	4th Street	21122
14. F	FATHER'S NAME	MIDDLE ALLAST		13. MOTHER S MAIDEN NAM	MIDDLE		IAST
	William	Metz	zen	Helen		5	andler
	WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES!		17 INFORMANT	ADDRE		
	(YES, NOOR UNKNOWN) (IF YES, G	215-05-5	632	Mas. Phyllis	C. Metzger	Same a	s #13
	18. CAUSE OF DEATH (Enter o	only one couse per line for o), (b), o	nd (c)	0	10001	APP	ROXIMATE INTERVAL EEN ONSET AND DEA
10	PART I. DEATH WAS CAUS	13/1/1////	218.Lt 11	come XIII	100 Mille		3 mas
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	underlying couse lost.	DUE TO, OR AS A CONSEOL	JENCE OF				
	DADTO OTHER COMMON	(c)					
Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	T 1(o)
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E					YES NO	YES	NO 🗌
2	210. ACCIDENT WAS UNDERLYING		NAV VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART	2)
AL	OR CONTRIBUTING CAUSE OF DE	MIN	19				
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	17	21f. LOCATION			
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		oital) attended the deceased from	DIA	10001 81	2010	77 54	
	sow the deceased alive or	Man deceased from	EC /	19 1	, 10	0 / 19	C, thor(() (we) I
	obove, [1] we) (did) did no	of view the body offer death.	, or	d that in my (our) opinion o	leath occulred on the do	ote and hour and from	the couses stated
	22b. SIGNATURE	11.11 1100000 111	1 -01) GREE		22c. DA	ATE SIGNED
	10 MM	VION XXXIIBIXII	111	ATTENDING TO	MEDICAL STAF	F /	-25-82
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	-//	22e ADDRESS	DIRECTOR PHYSIC	IAN	
				325 HO	SPITAL DRIV	JE. SUITE 2	04
	CHARLES R.	MAC DONALD, M.D.		GLEN B	URNIE, MARY	LAND_21061	
23a.	BURIAL, CREMATION, REMOVAL	L 23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		- I man
	Burial	Feb. 1. 1982 9	lon Has	ven Men. Park	G FITY OR TOWN	. Anna A	1 17/1
24 5	FUNERAL DIRECTOR	1. 00.1,1702 34	er na			rie, Anne An	under 1
	NAME	O T . ADDRESS		1166	REC'D. BY REGISTRAR	CANCED	- Bull
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H. Mountain & Tick Neck Rds.

FOR

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TO MANUEL AND AND AND PROPERTY OF THE PROPERTY ev. - The Branch Linearen Street Live to Company and Live to Company and the Company of the Comp otest in the new party of the second close - - restring litter seems II gran enter de la companya anican is emericane in arterna The first of the first tree that the first tree the first tree that the first tree the firs TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital or attending physicion

should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 hours a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

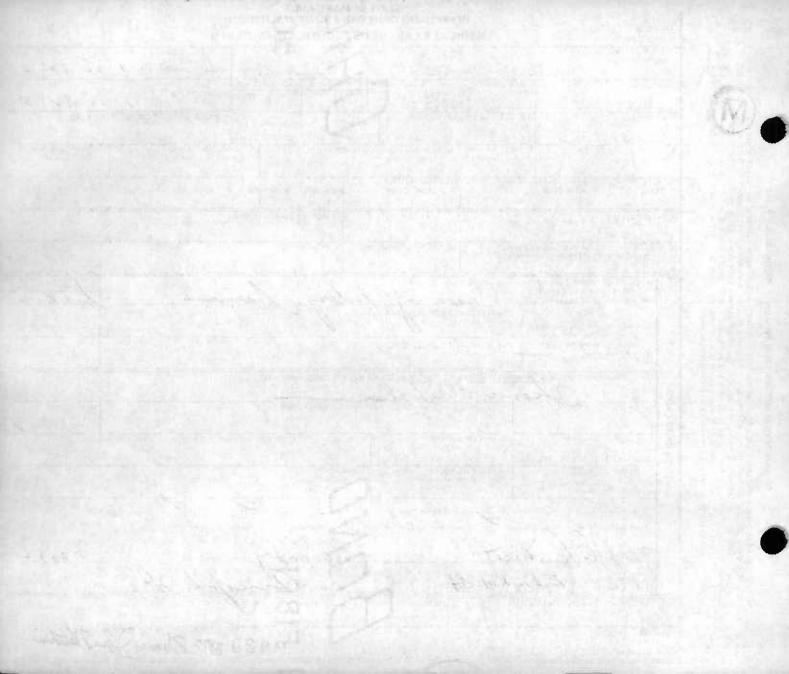
	REGISTRAR						REG. N				
	CEASED NAME	FIRST	,	MIDDLE	L	AST	20. DATE OF DEATH		AY YEAR	26 HC	UR_
	7/10	HARRY		G.	MI	LLER, SR.		12	2 82	2//3	9
3. SE	× Male	T	RACE Whi	Lte	5. DATE C		6 AGE (IN YEARS LAST BIR	· ·	IF UNDER 1 YE		
7a. BI	IRTHPLACE (STATE OR FOOUNTRY) Maryland	DREIGN 76		WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	OR COUNTY			
G1	TYORTOWN OF DEA Len Burnie	1	North A	rundel N	address) ursin	or other institution g Home	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Machinest	OF WORKING LIFE) INDUSTR	OF BUSING THE COLUMN TO THE COLUMN THE COLUM	
Ma	aryland	13b COUNTY A.A.	Υ	GIVE RESIDENCE BEFORE 13 CHY OR TOW Linthic	N	13d INSIDE CITY LIMITS? YES NO 🕱	13e STREET ADDRESS 208 Regen	cy Cir	cle	2109	90
14 F.A	Henry	MIC	DDLE	Mi11		Jennie	MIDDLE E		W	isema	an
16a. V	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARMI (IF YES, GIVE W		166 SOCIAL SECU 214-03-		Charles F. M	iller 208 R		Circ	1e 2	210
	Conditions, if any, gove rise to imm couse (o), stoting underlying couse	nediote g the	(b)	R AS A CONSEQUE							
CATION	gove rise to imm couse (01, stoting underlying couse	ediote g the lost.	DUE TO, OI	RAS A CONSEQUE	ENCE OF DEATH BUT Cem	NOT RELATED TO THE TERM WAS PERFORMED	INAL DISEASE OR CON Sichers 200 AUTOPSY?	70b. IF YES,	, WERE FINI	DINGS US	
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BP. DHMH - 16 50M 1/76 (VR A 15 (4))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 26. HOUR (TYPE-CH FRHIT) ESTI-William Miller Sr. DEATH MATED 198 David 9 6. AGE (IN YEARS | IF UNDER 1 YR. DAY 4. RACE IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHOAY) PRONOUNCED white April 1,1943 38 DEAD male TE BIRTHPLACE INTATEON 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore, Md. USA DIVORCED WIDOWED _ ID. CITY OR TOWN OF DEATH KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Anne Arundel General Hosp. Annapoli 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE 1136. COUNTY NO . 1005 Prosiden 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE FREST Harvey ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) (YES, NO. OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause pe PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, A any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERAT CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO NO 21a FXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21f. LOCATION 21e. PLACE OF INJURY JATHOME. 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I taak charge af the remains described above, held an Inspection and in my apinian death resulted fram: Natural causes Hamicide Undetermined monner TITLE (SPECIF SIGNED 1. ZS 82 SIGNATURE E. LJUHARdy EXAMINER'S NAME (TYPE OR PRINT) 30 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY | SPECIFY) Burial Maryland Veterans 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Hardesty Funeral Home 12 Ridgely Ave. Ann. Md 15M 7/76

STATE OF MARYLAND



S. Kirkley, Glen Burnie. Md.

MIDDLE

Irving

FOR - STATE

REGISTRAR

24 FUNERAL DIRECTOR

James

DHMH-16 30M 2/80

(VRA 15, 4)

Henry

. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Mills

REG. NO

2h HOUR

5min

NO [

STATE

1530 M

2a. DATE OF DEATH

JAN

linguistica, participate — response para la para la principa de la calcula de la calcula de la companione de l Partition, allienter al sermet a right and all mounts and amore IMPORTANT: If them 21 is marked at Item 18 shows any injury, or other traumatic event, the medical examiner must be native

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1
CERTIFICATE OF DEATH	

FOR STATE REGISTRAR			DEPART		EALTH AND MENTA		NE 8 2	0	0 1	9 1
1. DECEASED NAM	E FIRST	MID	DDIE	(TZA.	2	DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE OR PRINT)	John			Haube			Tan 20	1000		
3 SEX		4. RACE		MONRS 5. DATE C	OF BIRTH	- 16	Jan. 30,		IF UNDER I YEAR	IF UNDER 241
	31 S S			MONTE	OAY YEAR	A.R		7	MONTHS DAYS	HOURS A
Make.		white		Sep	t 14,1904		77	YRS.		
COUNTRY)	STATE OR FOREIGN	76 CITIZEN OF WI	HAT COUNTRY	? 8 MARRIE	NEVER MARRIED	D 🗆 9	BALTIMORE CITY	OR COUNTY	OF DEATH	
New Yo		USA		WIDOWE	DIVORCED	D 🗆	Anne Ar	undel	Co.	
10. CITY OR TOWN	OF DEATH				OR OTHER INSTITUTION		a USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS
Annapoli			racility, Give Stree ricana		ot.34	, ,	Consultan	OF WORKING LIF	Finar	100
USUAL RESIDENCE	(IF NURSING HOME OR	OTHER INSTITUTION GI	IVE RESIDENCE BEFOR	RE ADMISSION	12.54		consucun	·	1 1 Cruur	ice
13a STATE	13b COUN	TY 13	3c. CITY OR TOV		13d INSIDE CITY LIMI		e. STREET ADDRESS			es est
Md.	A.A.	Co.	Annapol	is	YES NO X		695 Ameri	cana i	r. Apt	34
14. FATHER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDE	ENNAME	MIDDLE		LAS	*
John		M	ionks		Mary		Alice		Parso	ons
16a. WAS DECEASE		AED FORCES? 16	66 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRI	SS		
(YES NO OR UNKNO	OWN) (IF YES, GIVE	WAR OR DATES)	064 10	0205	Gwendoly	un lin	nks 13	2		
No	F DEATH (Enter on)		064-10-		1 Guenauxy	JIL MO	vacs 15	۷		MATE INTERVA
couse tot, underlying PART 2 OTH	couse lost.	(c)	AS A CONSEQU		NOT RELATED TO THE	E TERMIN	AL DISEASE OR CON	DITION GIV	EN IN PART 11-	
NO MO	gne.					L (LIVINIA)	AL DISEASE ON COIL	-	LIN HAT AKI TIC	,
THE CATE OF 1	one one	196. CONDITIO	ON FOR WHICH	H OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES □ NO 💢		WERE FINDIN	
OR COLUMNIA	WAS UNDERLYING OF DEATH	HOUR AMA.	MONTH D	DAY YEAR	21c HOW INJURY O	A CCURRED	ENTER NATURE OF INJU	RY IN ITEM 18 P	ART T OR PART 2)	Normal Control
(IF EITHER NO. 21d. INJURY C	NO AMERICA	21e, PLACE OF	T MOTORY OFFICE,	FARM, ETC)	2 If LOCATION STREET	NI	CITY OR TO	WN	COUNTY	STATE
220.1 certify	that this haspit	ol) ottended the c	deceased from.	1-,	20 19.2	82	, to	30	982	that (I) (we)
sow the	deceased live on.		19_	, or	nd that in (Ny) (our) op	pinion dec	th occurred on the de	ote and hour		4 . 4 .
22b. SIGNAJU) (we) (aid) did not JRE	view the body of	ter deoth.		DEGREE		-		22c. DATE S	
Th	mes 1		Ish N	ND	ATTENDI PHYSICI	ING X	MEDICAL STAI	FIAN [0-82
THO	MAS MA	1. WAL	SH M	10	269 Pe	ning	sula Fa	rm 1	Rol AK	NOLD
230 BURIAL, CREMA (SPECIFY) Cremat	ion, removal	Feb 2	·C. 0.0		emetery or cremate	ory ark	23d. LOCATION CITY OF JOWN Saltimo	re	COUNTY MA	ryland

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
NAME
T.A. Hardesty

Annapolis, Maryland 2140 FEB

2 1982 REGISTRAR PEGIST

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25a. DATE REC'D. BY REGISTRAR 25h, REGISTRAR'S SIGNATUR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1 - STATE

REGISTRAR

24. FUNERAL DIRECTOR

WILLTAM REESE & SONS MORTUARY P.A.

DHMH-16 30M 2/80

(VRA 15, 4)

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FOR

STATE OF MARYLAND

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24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remave carbonpapers: Pages 1 and 2 shauld be filed within 72 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

MPORTANT: If Item 21 is marked ar Item 18 shaws any injury, or other traumatic event, the medical exam

STATE OF MARYLAND	1.3
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	Ü
CERTIFICATE OF DEATH	

0 0

1	FOR STATE	DEPARTM	LENT OF HEALTH AND MENTAL HYG	IENE 8 2 0	0 2 0 1
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DE	AY YEAR 25 HOUR
	CJth	erine M.	0/100/8	Jan. 23	1982 0130 M
3. SE	X A	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
	remale	White	June 12, 1894	87 YRS. M	ONTHS DAYS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR COUNTY	OF DEATH
	Md.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne Arundel (Co. MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
	evern	7892 13291	lille Place	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
130. 3	Md. 136 COUN Anne	other institution, give residence before NTY 134 CITY OR TOWN PARAMETER Severn	1 13d INSIDE CITY LIMITS?	1892 Barti	le Place
14. FA	THER'S NAME	MIDDLE AST	15 MOTHER'S MAIDEN NAM	ME MIDDLE	
	Frank	Panus	Ka Mary	Model	Barack
		MED FORCES? 166 SOCIAL SECUE		ADDRESS	
L'	no	216-46-	0639 Mrs. Constanc	e Belz 1603 North	nbourne Rd.
	18 CAUSE OF DEATH Enter on	ly one couse per line for (a), (b), and	(c .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PARTI. DEATH WAS CAUSE	D BY: CAUSE (b) CARD	10 PULMONARY	1 DRRYST	BETWEEN ONSET AND DEATH
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	100/	DUE TO, OR AS A CONSEQUE	NEOF Planddon Pan	rcupama +	and .
	Conditions, if any, which gave rise to immediate	(b) 116 1901 9	VIC EXEMPLY CO	CINDING +	11/19/11/19 >
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF Hemorrhage		
		(c)			
CERTIFICATION	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM!	NAL DISEASE OR CONDITION GIVEN	N IN PART 110
A	190. DATE OF OPERATION	196 CONDITION FOR WHICH	DPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES.	WERE FINDINGS USED
I FI	1981	Metastatic	Blandolan Cancer	YES NO NO YES	ING CAUSES OF DEATH?
E	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
	OR CONTRIBUTING CAUSE OF DEA		T TEAR	- (Little of Hook in the high to the	T On take 21
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f. LOCATION		
ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC) STREET	CITY OR TOWN	COUNTY STATE
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		tal) attended the deceased from	, 19	, to, 19	1 11101 (11 (110) 1031
	sow the deceased alive an above, (1) (we) (did1 (dil1 no	i view the body after death.	ond that in (my) (our) opinion d	leath accurred on the date and hour c	and from the couses stated
3.1	12h SIGNATHMS	0/0 000	DEGREE		224. DATE SIGNED
	we no	Wan, MD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1123/82
	22d. PHYSICIAN'S NAME (TYPE OF	(Mind)	22e ADDRESS DAKE	DOOD PROF BULLDI	NA SUTTION
	10 Va	APLAN MD	2011	Ocas Ol	0000000000
73a D	BURIAL, CREMATION, REMOVAL		OF CEMETERY OF CONTROL	MUNIS CORIN	180mile Md
230 (SPECIFY) A -	Jan. 26, 1982	AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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	JNERAL DIRECTOR	V = 1		REC'D. BY REGISTRAN REGISTRY	MATURALIA
Le	onard J. Ruck 1	Inc. Baltimore, M	laryland	# 25 1982 Openess	D.

DHMH - 16 50M 1/B1 (VRA 15, 4)

18 2 18 Sheep Street

-	2	8	1	FOR STATE REGISTRAR	DEPART	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE B 2 E	0 2 0 2		
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	(M)	Te.	1 58	male	1. RACE White	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.		
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LAND 23	or 24 ho y filled in hould be	188	13a. S	AND THE RESERVE OF THE PARTY OF	A.A.Co. Bowie		YES NO	13e STREET ADDRESS 2305 Belair D	r.		
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TIMORE	be execu-	12		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS VES. NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES) 705-05-842/ Leo B. Ott Jr. Bowie, Md.							
201 W. PRESTON ST., BAL	es that the death certificate ned by the aftending physics please remove corlean-ophus until committees in	y, or other traumatic event, th		PART I. DEATH WAS CAUSE IMMEDIA Canditians, if any, which gave rise to immediate cause to stating the underlying cause fast.	TE CAUSE (a)	STIV UENCE OF CHEYU. UENCE OF	IC CARDIOMY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TOUGHT IN PART Lig		
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DHMH - 16 50M 1/B1 (VRA 15, 4)

Burial

230. BURIAL, CREMATION, REMOVAL

226. SIGNATURE

1/18/82

23b. DATE

saw the deceased alive as VHN 144 abave (1)(we) (did) did not view the bady after death

231. NAME OF CEMETERY OR CREMATORY Terra Alta

22e ADDRESS

ATTENDING PHYSICIAN

and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated

MEDICAL STAFF
DIRECTOR | PHYSICIAN |

Preston Co. W.Va.

STATE

22c. DATE/SIGNED

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE

DHMH - 16 50M 1/76

(VR A 15 (4))

DONALD V

BORGWARDT

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	2	0	0	era.	U	
	REG. NO.	. 190				

1		- STATE REGISTRAR			CERTIFI	CATE OF DEATH		REG. NO.	W 0	
		1. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	LAS		2a DATE OF D	HINOM HTAS	DAY YEAR	2b. HOUR
	1		ton	<i>F</i> .	Pee			1	13 82	2 P. M
1		3. SEX Male	1 RACE	ite	5. DATE OF MONTH 12	DAY 1910	337	s last birthday)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
Sonce	1	To. BIRTHPLACE ISTATE OR FOR	FIGN 76 CITIZEN C	F WHAT COUNTRY?		NEVER MARRIED		Anundel	TY OF DEATH	
edo	-	ID CITY OR TOWN OF DEAT	H 11. NAME O			OTHER INSTITUTION	12a. USUAL OC	CUPATION		DF BUSINESS OR
0	0	Pasadena USUAL RESIDENCE (IF NURSIN	S HOME OF OTHER INSTITUTE		Ave		Machin	ist	G LIFE) INDUSTRY	Coast d
	4	Md.	nne Arunde	132 CITY OR TOW L Pasadena	N	3d INSIDE CITY LIMITS YES NO 🛣	8086 (Ave. 21	122
Lowering	7	14. FATHER'S NAME	W. Peel	en Sn.		5. MOTHER'S MAIDEN Lottie		WIGGLE	Met	abe
dicol	1	(YES, NO OR UNKNOWN)	U.S. ARMED FORCES	166 SOCIAL SECU	RITY NO.	17 INFORMANT	SE SARK	ADDRESS		
he me	ŀ	yes	ww2	227-09-6	528	Ruth L. Pe	elen, s	ame as 1		ANA (CIANADVA)
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PORTANT		22d. PHYSICIAN'S NAM	AE (TYPE OR PRINT)			22e ADDRESS			- 1	
IMPO	+	23a. BURIAL, CREMATION, R	huach MOVAL 23b DATE	122. N	AME OF CE	8 Evergre	en Rd Sev	ema as	k, Md ?	1146
	ľ	(SPECIFY)	23b. DATE 1-18			ven Mem. Pa	CITY OR TO	Burnie	A COUNTY	STATE
/77	1	24. FUNERAL DIRECTOR					DATE REC'D. BY REC	ISTRAR 256 REG	ISTRAR'S SIGNAT	TURE I'II
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DHMH - 16 50M 7/77 (VR A 15 (4))

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

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DHMH - 16 50M 1/76

(VR A 15 (4))

24. FUNERAL DIRECTOR

Burial

FOR - STATE

TYPE OR PRINT)

REGISTRAR

DECEASED NAME

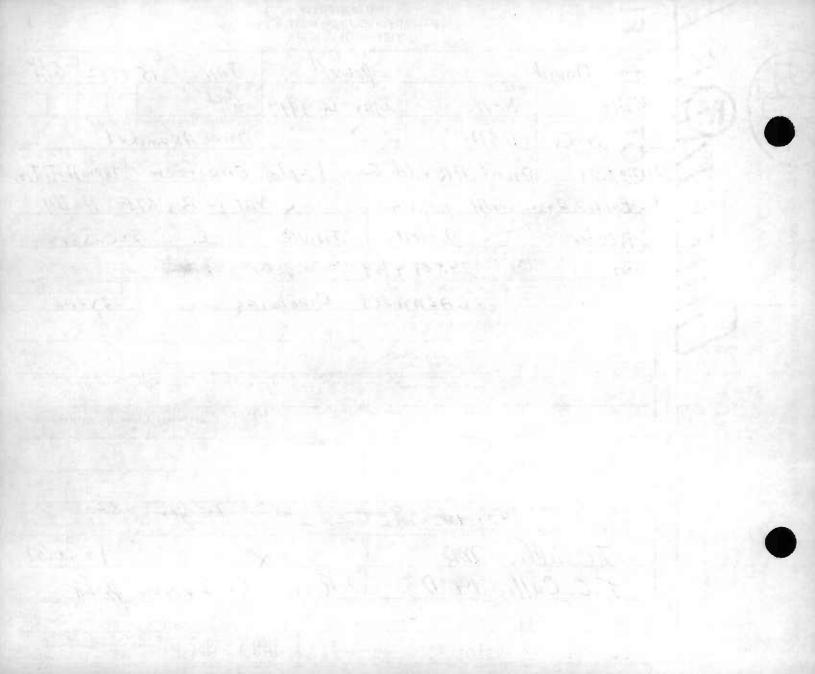
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH 26 HOUR E AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 179/1900 EAR 81 yrs. DAYS BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | Anne Arundel WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR Northwarundel Wersing Home TOT OF YORK FOR MOST OF WORKING LIFE 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Hospital Dr 15. MOTHER'S MAIDEN NAME FIRST LAST Bridget E. Gallager 166 SOCIAL SECURITY NO. 17 INFORMANT Alfred J Pfannischlag 2001 Chartley Dr. 21136 APPROXIMATE INTERVAL SETWEEN ONSET AND DE DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO IT 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR 10 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, BTC CATY OR TOWN COUNTY and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATTE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY Holy Redeemer Belair Rd. Balto. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS Della Noce % Sons 322 S High St.

2,307,129 . If no CC can dien forme dies of me sel .no leit sou de l'est · l . i 10 TO 10 . M 5 . C o 17. 4 2 miles de 17. 4 3 miles de 17. 113 miles de 17. tell 1/5/ of commercial to will be to ANN S CHARLES SET & MAL elle os 7 con le

SEVERNA PARK, MD

(VRA 15, 4)

CHE CO CHECKE CITO Letters here you have not not your 121 11 1/20 57 A Thursday with



	1.	FOR STATE REGISTRAR	DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		0 0	20	9
	1 DF	CEASED NAME FIRST	WIDDLE		AST	REG. NO		EAR 2b. HOU	D
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1	3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		YEAR IF UNDER	24 HRS
)		FEMALE	WHITE	JUL	E 21 1889	92	YRS.		74,1144
1 000		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIEI WIDOWE	DIVORCED	9. BALTIMORE CITY O	ARUNDE ARUNDE		MD
200		EVERNA PARK	11. NAME OF HOSPITAL, NURSING	G HOME C	ROTHER INSTITUTION	12a. USUAL OCCUPATI	ON 12b. KI F WORKING LIFE) INDU:	IND OF BUSINE	
-	USU	AL RESIDENCE (IF NURSING HOME OR		ADMISSION)	PKW7	HOUSEW	176	HOME	
赵	4		ARUNDER SEVERNA	PARK	13d. INSIDE CITY LIMITS? YES NO	7.0	ITTIER	PKWY.	
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any injury, ar ather trauma	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	(b)	EATH BUT		INAL DISEASE OR CON	20b. IF YES, WERE F	INDINGS USE	
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hem 18 shaws		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PA	ART 2)	
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Item 2	1	saw the deceased alive an above 10 million (define 17h SIGNATURE	tal) attended the deceased from 19	81, ar			ate and hour and frag	m the causes sto	oted
MPORTANT: #		DONALD H.	HISLOP U		ROBINSON RD	& OWENS		ERNA F ARYLAND	
<u> </u>	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236. DATE 70. 25. 1482 CC	EDAR	EMETERY OF CREMATORY HILL CEMETER	23d. LOCATION CITY OF TOWN	COUNTY	e Arwy	TATE M
0		UNERAL DIRECTOR	50 60 RS17	CHIE	= HEWY. 250. DAT	E REC'D. BY REGISTRAR		GNATURE	_

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BP. DHMH-16 30M 2/B0 (VRA 15, 4)

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	1. DE	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MG	ONTH DAY	YEAR 2b. HOUR	
	(TYPE	John		Querfurth			7 17.19	982 6:00 M	
0.75	3. SE	(4 RACE	5. DATE		6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDE	ER I YEAR IF UNDER 24 HRS	
		Male	White	Mar	ch 13,1890	91	YRS.	DAYS HOURS MIN.	
97	~	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIE WIDOWI	DENEVER MARRIED	9. BALTIMORE CITY OR Anne	county of DE Arunde		
00	10. C	ty or town of DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Butches	VORKING LIFE) 12b.	KIND OF BUSINESS OR PUSTRY Retired	
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medico		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (1F YES, GIV			Mrs. Paul	ine Perkin:	Same :	as 13 nter,	
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ny injury	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH				2	E FINDINGS USED	
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5	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR TOWN	, co	DUNTY STATE	
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MPORTANT: If Hem		22b. SIGNATURE	Herere			MEDICAL STAFF DIRECTOR PHYSICIA		18 Jan.82	
APORTA		Raymond G.	Herzinger, M			tal Drive,	Glen 1	Burnie, Mo	
<u>-</u>		Burial, Cremation, Removal Burial	23b. DATE 23c. P 20 Jan. 82 Ba			V		aryland state	
0	24 FI	JNERALDIRECTOR James S. Kin	klev. Glen Bu	rnie		AN 20 1982	pances 2	IGNAT PETRON	

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2g DATE OF DEATH 2b HOUR (TYPE OR PRINT) Marius Malling Rank Jan. 7,1982 4AM I:SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR male "Mar. 37,1897 white 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Denmark USA Anne Arundel Co. DIVORCED [WIDOWED 0. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)

METCHANT SEAMAN Annapolis Anne Arundel General Hosp. 130 STATE 136 COUNTY 113d. INSIDE CITY LIMITS? 214 Best Gate Rd. Annapolis A.A.Co. Md. YES X NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Petersen Malling Niels Rank Marie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES. NO OR UNKNOWN (IE YES GIVE WAR OR DATES) 212-12-9498 Barbara Rank 214 Best Gate Rd. Ann. Md. 18 CAUSE OF DEATH (Enter only one couse per light for (a), (b), and (c) Cel provar cular accide t PART I. DEATH WAS CAUSED BY 24 HYS IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF atherosclerodic d Iseado Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION +00 T 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 1-5-82 Gauerene NO NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIEY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (the harmal) attended the deceased from sow the deceased alive an and that in (my) (pinion death occurred on the date and hour and from the causes stated above, (1) (we) (did not) view the body after death DEGREE 22c DATE SIGNED

HOLSCHUH

22e ADDRESS

MO

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Forbes St.

Auna Polis

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

23c. NAME OF CEMETERY OR CREMATORY

Wellsview Cemetery

COUNTY STATE

DHMH - 16 50M 1/81 (VRA 15.4)

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Mentol Hygi

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24 FUNERAL DIRECTOR Hardesty Funeral Home 12 Ridgely Ave. Ann. Md.

1/9/82

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ALTIMO	cian and cress. Pages I.		VES. NO OR UNINOWN) (IF YES, GIVE W		Clarice	Robert	APROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S, 201 W. PRESTON ST., BA	uires that the death certification by the attending phy en please remove corbanpa is burial, cremation, ar remay ory, or other fraumatic event	7	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	OCCHUSION USIUE CARD	10VASCULAR	Disense
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	etained by TO FUNERA should be d with the Sta			ROBINSON MD	270 ADDRESS 7 TRUCK 5 EVERI	IA PARK	DMIS ZILYG
	BP	230.	BURNAL, CREMATION, REMOVAL	1/7/82 1236 NAME OF 6	tule Crematory	23d. LOCATION CITY OF TOWN WEST	LULLAN SULPATION SIGNATURE
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STATE OF MARYLAND

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14. FATHER'S NAM	E MIDDLE	E A LAST	15. MOTHER'S MAIDE	N' NAME	A LAST
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160. WAS DECEASI	D EVER IN U.S. ARMED FO	PRCES? 16b. SOCIAL SECURIT	Y NO. 17. INFORMANT	ADDRESS	0 777700
11)	217-76-	03/4 /-m.	in Romain.	Abaus
18 CAUSE	OF DEATH (Enter only one o	ause per line far (a), (b), and (c).)	0	o mer-p -	APPROXIMATE INTERVAL
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22g cort	fy that I tack charge of the	remains described above, held an	Autopsy , Inspection		
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(TYPE OR PR			ADDRESS ()	pers he	
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24 FUNERAL DIRECT	TOR 1	ADDRESS /	Laure 250. DATE R	EC'D. BY REGISTRAR 750 REGIS	TRABESIGNATURE
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的動物	Baltimore 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OT IN SUCH FACILITY, GIVE STREET ADDRESS) Police Officer 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balt. City	OR
事る。	UAL RESIDENCE (IF NURSING HOLE OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE INC. CITY OR TOWN Baltimore YES E NO 130 STREET ADDRESS Balt., Md. 21206 6201 Walther Avenue	
ond 2 Coming	FATHER'S NAME FIRST Anthony Raczkowski IS MOTHER'S MAIDEN NAME FIRST Margaret Name Perko LAST Perko LAST Perko LAST Perko	
s. Pages 1	WAS DECEASED EVER IN U.S. ARMED FORCES? [166 SOCIAL SECURITY NO. 17 INFORMANT Wife: ADDRESS Balt., Md. 2120 No. 183–12–9473 Laverne A. Ross 6201 Walther Avenue 18 CAUSE OF DEATH lEnter only one couse per line for (o), (b), ond (c) Address and DECEASED EVER IN U.S. ARMED FORCES? [166 SOCIAL SECURITY NO. 17 INFORMANT WIFE: ADDRESS Balt., Md. 2120 No. 21	
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	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 23b. DATE 25c. NAME OF CEMETERY OR CREMATORY BALLIMORE STATE BALLIMORE MARYLAND.	
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ite has been nsit permit. T	CERTIFICATION	190 DATE OF OPERA	TION 19b	CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20a. Al	JTOPSY?	206. IF YES, VIN CERTIFYIN	VERE FINDING NG CAUSES C	OS USED OF DEATH?
is certificate has burial-transit pe Mental Hygiene or frem 18 shows	77	210. ACCIDENT WAS UNI OR CONTRIBUTING []	CAUSE OF DEATH HO	TIME OF INJURY DUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY O	CCURRED (ENTER	NATURE OF INJUR	IN ITEM 18 PART	I OR PART 2)	
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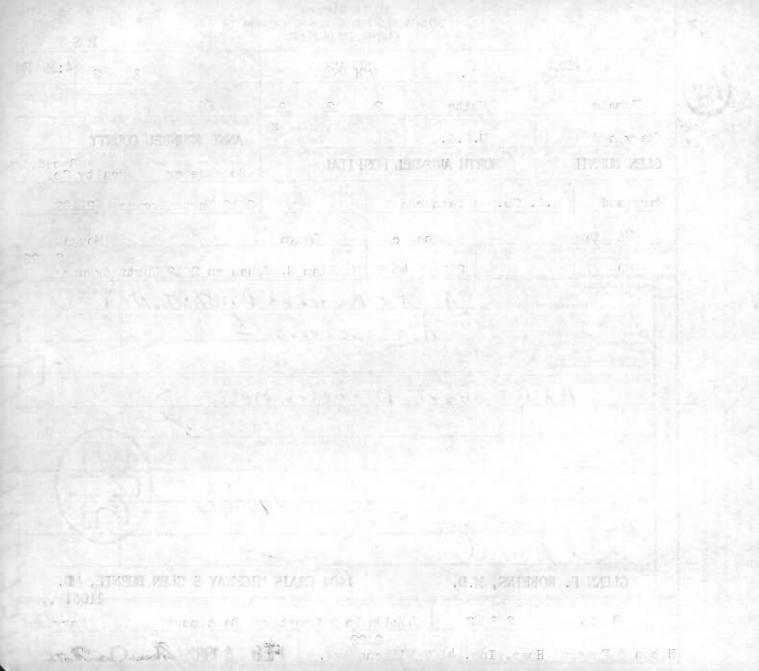
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8	1.	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2 0	0 2 1 7 EST	
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#1	3. SE		4. RACE		5. DATE O	DAY YEAR	I M	ONTHS DAYS HOURS MIN.	
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34	1	COUNTRY		WHAT COUNTRY?		D NEVER MARRIED K	9. BALTIMORE CITY OR COUNTY		
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54	G	SLEN BURNIE	(IF NO NOR	TH ARUNDE	ERE HOS	SPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE BOOKKEEPET	Realty Co.	
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E	14. FA	ATHER'S NAME FIRST	WIDDLE	LAST	4.11	15. MOTHER'S MAIDEN NAM	WE	LAST	
26		William		Schan	kėn	Laura	Model	Morgan	
	16a V	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECU	RITY NO.	17_INFORMANT	ADDRESS	21122	
		NO		217-07-	4607	William M. So	z Avenue		
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per JSED BY: IATE CAUSE (a)	line far (a), (b), and	1(c).)	Myocaubi	al inFARCTION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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in Air and a second	NOIL	PART 2-OTHER SIGNIFICAN	T CONDITIONS CO	ontributing to c	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GIVE	N IN PART 1(a)	
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9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.	M. MONTH DA	DAY YEAR 19			RT 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY 211 LOCATION			CITY OR TOWN	COUNTY STATE	
2		22a. I certify that (1) (this haspital) attended the deceased fram							
		22b. SIGNATURE	Rd			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED	
		GLENN F. R		A.D.		1404 CRAIN	HIGHWAY S GLEN BU		
		BURIAL, CREMATION, REMOV			AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE	
0		Burial	2/3/8	32 L	oudon	Park Cemeter		Maryland	
1	24 F(JNERAL DIRECTOR		ADDRESS	2]	.229 250. DATE	REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE	
	Hu	bbard Funeral	Home, In	c. 4107 W	ilker	ns Ave.	15 3 1987 Many	Yan Marth	

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		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
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by th bse re crem ather		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUEN	NCE OF moster dial.	witnestion	dans.
vires the signed sen pled a burna ury, or	z	PART 2 OTHER STGNIFICANT C	CONDITIONS CONTRIBUTING TO DI	Y	MINAL DISGASE OR CONDITIC	ON GIVEN IN PART I I a
oeen seen mit Th	CERTIFICATION	19g DATE OF OPERATION	196 CONDITION FOR WHICH C	DEPATION WAS DEDECTATED	20a AUTOPSY? 20b	IF YES, WERE FINDINGS USED
in. In. In. In. In. In. In. In.	IFIC	none		TENATION WAS TENIORMED		CERTIFYING CAUSES OF DEATH?
hysicion hygier	EE F	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN IT	YES NO
		OR CONTRIBUTING CAUSE OF DEA		Y YEAR		
nding p nding p burial- d Mental or Item	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
After the e as the alth and marked	ξ.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFICE, FAI	RM, ETC) STREET	CITY OR IOWN	COUNTY STATE
R: Af		22a.1 certify that (1) (this haspit	ral) attended the deceased from	1-4-82 19	101-6-82	, 19, that (I) (we) last
prite prite 21 i		saw the deceosed alive an abave, (1) (we) (did) (did not	1-6-82 19	, and that in (my) (our) opinion	death accurred an the date or	nd hour and fram the couses stated
OR A e has ched ched Dept. f Hem		ITE SIGNATURE		DEGREE		22c. DATE SIGNED
AL D AL D detac ote D IT: If		Janny	Van	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1-6-82
HOSPITAL ined by the FUNERAL old be det h the State		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)	22e ADDRESS	1	1.
TO HOSPITAL (retained by thi TO FUNERAL (shauld be deta with the State (IMPORTANT: If		Lanes	, W. Koss	121 cat	reducal St Se	ite 102 mm 1M
5 5 5 2 3 Z	230.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	ME OF CEMETERY OR CREMATORY	23d. LOCATION	SMIRES SPENSI
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DHMH - 16 50M 1/81	24 F	UNERAL DIRECTOR	1 C ADDRESS	25a. D.	BY RESO 28 2 256.	EGISTRAR
(VRA 15, 4)	1	ohn M. Taylor	& Jons, Anna	20/15 ML	1007	Se .

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(VR A 15 (4))

5	FOR STATE REGISTRAR	DEPARTMENT OF	HEALTH AND MENTAL HYGI FICATE OF DEATH	ENE 8 2 0	0 2 2 0
(M)	1 DECEASED NAME FIRST (TYPE OR PRINT) MAR 3 SEX	Y VIRGINIA SOLATE MONTH	CRUGGS OF BIRTH DAY YEAR 13 01		DAY YEAR 25 HOUR 1992 5 20 IF UNDER 1 YEAR IF UNDER 24 HES 1
by the funeral d	78. BIRTHPLACE STATE OR FOREIGN COUNTRY) NABULAND 18. CITY OR TOWN OF DEATH Brooklyn Park	7% CITIZEN OF WHAT COUNTRY? 8 MARRI WIDOW 11. NAME OF HOSPITAL, NURSING HOME (JENOT IN SUCH FACILITY GIVE SIDEET ADDRESS) CHARMONDS Lane	ed Never Married	9 BALTIMORE CITY OR COUNTY A.A.CO. 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOSTESS	12b. KIND OF BUSINESS OR
mpletely filled in ond 2 should be examine must be	136 COL	or other institution, give residence before admission inty .A. Glen Burnie MIDDLE King	13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAM	AIDDLE	anch Dr. G.B
icron and corrects. Pages 1 o	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G		17 INFORMANT	ADDRESS	ame as above
d by the ottending phy ease remove carbon pool, cremation, ar remover or other traumatic event	PART I. DEATH WAS CAUS	DUE TO OR AS A CONSEQUENCE OF	C-N.D.	EROSCLER OSL	(
ion. e hos been signe at permit. Then pilipine prior to burning.	NO 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO DEATH BU DEMENT 196 CONDITION FOR WHICH OPERATION	1 A.	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
offending physics in this certification is the burial-trans and Mental Hygicked ar Item 18 sl	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 2)d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	EATH HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18, F	COUNTY STATE
at DIRECTOR After Dept. of Health	22a I certify that (I) (this has	n 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE ATTENDING	eath occurred on the date and hou	19 2. that (1) (See los or and from the causes stated 22c. DATE SIGNED
TO FUNER, should be d with the Sto	22d PHYSICIAN STAME (W) HAR 230 BURIAL, CREMATION, REMOVA	SINGH 1 23b. DATE 23c. NAME OF C	#8,6th.	AVENUE, B	ALTIMORIZA COUNTY STATE
BP H - 16 60M 1/75 VR A 15 (4))	Entombment 74 FUNERAL DIRECTOR Raymond C. F	ADDRESS	n Park Cem.	Baltimore REC'D. BY REGISTRAR N 1 2 1982	= Maryland

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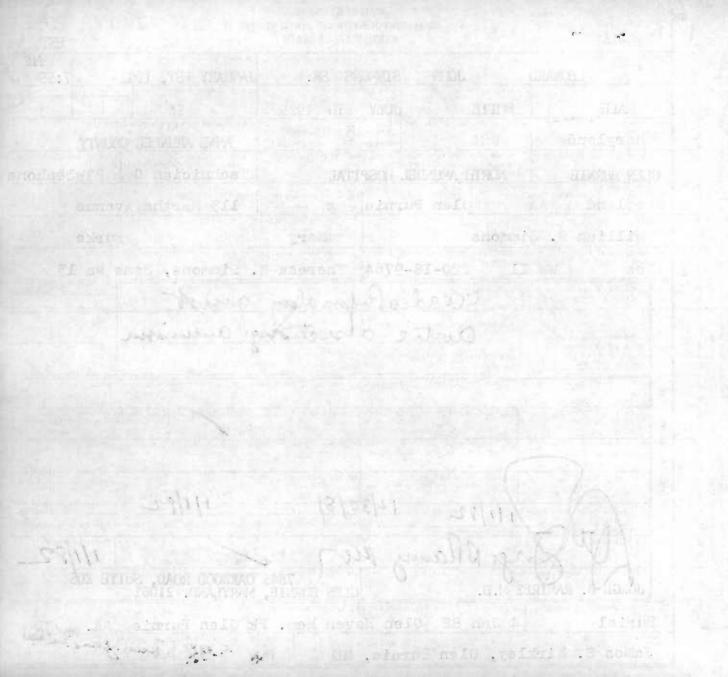
	1 -	FOR STATE		DEPARTA	NENT OF H	E OF MARYLAND IEALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 2 0	0 2 2 1
1	DEC	REGISTRAR EASED NAME FIRST		MIDDLE		AST	REG. NO.	E.S.T.
1	TYPE	OR PRINT)	ENICE	GEORGE		TRUCC		15.1100K
M)	SEX		4. RACE	GEORGE	5. DATE C		JANUARY 6 AGE (IN YEARS LAST BIRTHDAY)	11, 82 9:50A M
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\$2000		THPLACE (STATE OR FOREIGN		F WHAT COUNTRY?	8 AA A PRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	Y OF DEATH
20		altimore, Md		ISA	WIDOWE	DIVORCED	ANNE ARUNDEL	COUNTY MD.
长山	CIT	GLEN BURNIE	(IF NOT IN S	OF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET ARUNDE	ADDRESS)	PTTAT.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR INDUSTRY Calvert Dis
exomine must be	30. 5	L RESIDENCE (IF NURSING HOM LATE 13b. CC	E OR OTHER INSTITUTIO	13c. CITY OR TOWN	ADMISSION)	13d. INSIDE CITY LIMITS?	720 Hamlen Ro	ad
ine 14	_	THER'S NAME			111.1.0	15. MOTHER'S MAIDEN NA		
620		FIRST	MIDDLE	Seuss		Grace	WIDDLE	Vincent
aedicol		AS DECEASED EVER IN U.S. (IF YES Yes	ARMED FORCES' GIVE WAR OR DATES) WW 2			Beverly He	erauf, Daughter	, same as 13
t, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	only one couse p	er line for (a), (b), and	(c),)	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
if, cremation, or rem other traumatic eve			DIATE CAUSE (a). DUE TO, (b).	OR AS A CONSEQUE	NCE OF	nonale		
y injury, ar	20				Y/0 /		NINAL DISEASE OR CONDITION GIV	
shows any	CERTIFICATION	90. DATE OF OPERATION	196. CON	IDITION FOR WHICH	OPERALIO	N WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \(\text{NO} \)
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR	OF INJURÝ A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, 4	PART I OR PART 2}
marked or	MEDICAL	WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is ma		22a.1 certify that (1) (this has sow the deceased alice above (1) (ye) and (dic	on I a	1 10 1	Aus 22 . S	nd that in (my) (our) opinion	death accurred on the date and hou	19 , that (I) (we) lost or and from the causes stated
VT: If Item	I	124. SIGNATURE	uls	. 1	(P3		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
RTAP		22d. PHYSICTAN'S NAME (TY		-		22e ADDRESS 7845	OAKWOOD ROAD, #	
MPORTANT:		CHARLES				GLEN		ID 21061
	(5	JRIAL, CREMATION, REMOV PECIFY Burial				emetery or crematory incoln Cem.	Brentwood, I	
M 1/B1 24	FU	NERAL DIRECTOR AMES S. Kij	ole l'ale	Glan Alexan	nin	7/1 -3 250 DAT	TE REC'D, BY REGISTRAR 25b. REGIST	TRAR'S SIGNATURE

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oy be age 3 deoth	(TYI		104D (IDDLE .	Sin	ut H	2a. DATE OF DEATH	1-6-82 855			
ge 4		VALE	NEGRO			21 1922	6. AGE JIN YEARS LAST BIR	TMDAY) IF UNDER 1 YEAR IF UNDER 14 HR MONTHS DAYS HOURS MILE YRS.			
deoth. Po	70. E	SIRTHPLACE (STATE OR FOREIGN				NEVER MARRIED DIVORCED	A A	R COUNTY OF DEATH			
by the fulled with		NUAPOS DEATH	TRINGS IN SUCH	ACUNDA	G HOME C	OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST C	ON 17h KIND OF BUSINESS C			
filled in by the nauld be filled.	T3a.	STATE 19 HOS NOT AN	OF OTHER INSTRUCTION, O	NS ELMHURST		13d INSIDE CITY LIMITS? YES NO	32357-107th st.				
completely 1 and 2 sh	14. F	SANUEL	MIDDLE			15 MOTHER'S MAIDEN NAM	HARRIS				
in and co		WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, W	CIVE WAR OR DATES	166 SOCIAL SECUI 118-14-3		17 INFORMANT CASTELIA SMITT	ADDRE H 3257-107	El mhuret N			
equires that the death certificat in signed by the ottending physis. Then please remove corbonpap to burial, crematian, ar removo injury, or ather troumatic event, in	NO	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o)									
os bee	CERTIFICATION	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
DING PHYSICIAN: The or attending physician Affer this certificate he as the buriol-transit poilt and Mental Hygrer marked or Item 18 show marked or Item 18 show	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 210. INJURY OCCURRED WHILE AT WORK ALWORK	DEATH HOUR A.M. NER) P.M. 21e. PLACE O	. MONTH DA	19	211 LOCATION STREET		RY IN ITEM 18 PART 1 OR PART 2)			
HOSPITAL OR ATTEN ined by the hospital FUNERAL DIRECTOR: build be detached for us the Stote Dept. of He or Manual if them 21 is		22a. I certify that (I) (this hospital) attended the deceased from, 19, to									
BP	702	BURIAL, CREMATION, REMOV	AL 23b. DATE	230.7	*	MEJERY OR CREMATORY N NAT OF THE	The state of				
DHMH - 16 50M 1/81 (VRA 15, 4)	BE	UNERAL DIRECTOR 630 ENTA FUNERAL HO	St. Nichol	las Aveni York, Ne	ew You		REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE			

\$ 8-25-7-1 Transpar A morter Louds prough adult Congress A 是一种加州中国 医二十二 医克里氏病 医甲状腺 医甲状腺素 , 47 1 12, the state of the Tresce Goldsmin Ne JAN 7 3882 There I find

	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 0 2 2 5 CERTIFICATE OF DEATH REG. NO. EST							
-		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	2b HOUR			
Seath		EDGAR	A.	SMITH	JANUARY .	21, 1982	7:05 P			
-	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER I YEAR				
(AA)		Male	W	12 6 1.887	94	YRS.	MIN.			
FRAIN		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
65 627		Md.	U.S.A.	WIDOWED X DIVORCED	ANNE ARUNDEL COUNTY		JW.			
1 300	10. C	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NUR! (IF NOT IN SUCH FACILITY, GIVE STR 	SING HOME OR OTHER INSTITUTION	(1796 OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Oil Burner-Retail					
104		GLEN BURNIE	NORTH ARUNDI	EL HOSPITAL						
# 101	USU 130.	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION) DWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	23 Annapol	lis Rd.			
1 20		Md. Anne	Arundel	YES NO X	Severna Park. Md.					
2 0 0	14 F	THER'S NAME	MIDDLE LAST	IS. MOTHER'S MAIDEN NA						
80820		Francis	A. Smith	n Sarah	E.	Barke	7			
Poges		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO. 17. IN POWER WOO	dley RdADDRES					
Pool He		No	216-03-		y E.O'Conr					
the 'the		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b),		10	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH			
emoval.		PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (0) Cone	estive hears	faclu	re				
or r		5860	DUE TO, OR AS A CONSEC	DUENCE OF						
tion,		Conditions, if ony, which	(16) ASCVD (Preumonitis							
ertr		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF								
ol, cr		underlying couse lost.	1 Den	al forline						
burio ry, o		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN PART 110	0			
of n	ō	Heale	en poe	kensone						
ia 6 0	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FIND IN CERTIFYING CAUSES		VGS USED			
ow /	TIE	REPRESENTA			YES NO	YES [NO [
Hygi 18 sh	Ü	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)				
Mentol or Item	CAL.	OR CONTRIBUTING CAUSE OF DEA		19						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	21f. LOCATION	CITY OR TOW	N COUNTY	STATE			
morked	>	AT WORK AT WORK	(ATTIONE, STREET, PACTORT, OFFIC	E PARM ETC)						
eolt s mo		220. I certify that (I) (this hospit				17	that (I) (we) lost			
2 H		sow the deceosed alive on obove, (I) (we) (did) (did not	/ - 21 19	, ond that in (my) (our) opinion	deoth occurred on the dot	e and hour and from the	couses stated			
hed tept.		226. SIGNATURE	1 0	DEGREE		22c. DATE	SIGNED			
T: If		MIN Staffe Courter MB ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								
TANT:		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)							
with the		MUSTAFA OZ,	M.C.		Severna Park, Maryland 21146					
4 ¥ ₹		BURIAL, CREMATION, REMOVAL 23b. DATE		NAME OF CEMETERY OR CREMATORY	23d. LOCATION		/			
	_ (specify)		Loudon Park Cem.	Balto.	COUNTY	Md.			
50M 1/B1 /		INERAL DIRECTOR Schwal	D A ETET	25. 0.43	TE REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGNAT				
5, 4)	To:	ruman Schwar Funeral Home	Dila	Balto Nat'l	AN 2 7 1982	Prances Jan	I withen			
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20 DATE OF DEATH 2b HOUR TYPE OR PRINTS Marie Henrietta Sterling January 31. 1982 1:5EX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH Female. White Dec. 30, 1918 63 YRS BIRTHPLACE (STATE OR FOREIGN 26 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland U.S.A. Anne Arundel County. WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Dept. TYPE OF WORK FOR MOST OF WORKING LIFE Annapolis Sales A.A. Co. Gen'l. Hosp. Store JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 3a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 848 Dogwood Trail A.A. Crownsville NO X YES | 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jacob P. Smith Long Alice 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (Husband) **ADDRESS** Same as # 13 LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) No 215.09.5395 Mr. James L. Sterling APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. Conditions, if any, which gove rise to immediate couse (o), stoting the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO [710 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE WHILE 72a.1 certify the (1) (this hospital) attended the deceased from deceosed and that in my (our) opinion death accurred on the date and hour and from the causes stated view the body ofter death. 22h SIGN DEGREE 22c. DATE SIGNED ATTENDING **▶** MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN AME LIYPE OR 72e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Glen Haven Mem.Pk. Glen Burnie Buria ADDRESS Glen Burnie Singleton Funeral Home MD.

Author proposiges which Motor - pulled o se del se direction SILCIE Sor Relaile 1806 ZMARANE DERROTED Circina 1 100

FOR

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME KNOWNXX 2g. DATE (TYPE OR PRINT) ESTI-1-8-82 Arthur DEATH MATED Robert Sunder 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 3 SEX DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS PRONOUNCED DEAD 6/24 1-8-82 white male 26 YRS To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | X FOREIGN COUNTRY Anne Arundel County USA Maryland WIDOWED . DIVORCED FILED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS. North Arundel Hospital Glen Burnie Bartender SHOULD BE F Night Club USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 222 Altamont Ave. 30. STATE Baltimore 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Caltonsville NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF PIE MIDDLE MIDDLE LAST FIRST LAST FIRST Paul Sunder Elfriede 0. Herrmann 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 216-68-6037 No Mrs. Elfriede Sunder Same as 18. CAUSE OF DEATH (Enter anly ane cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL e Chief Medical Examiner Along W Be Used As A Burial - Transit Permit NI Of Health And Mental Hygiene, Burial, Cremation, or Removal. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hanging IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19a. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX ICATE, WRITING THE WOR FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT C 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 21201 PRIOR TO □ OR HOUR A.M. MONTH DAY UNDERLYING -82 subject hanged self CONTRIBUTING CAUSE OF DEATH (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) Police Hdgts. Millersville, Maryland NOT WHILE PAGE 4 SHOULD BE FORWARD **TO FUNERAL DIRECTOR:** PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 AT WORK Autopsy XX 22a. I certify that I took charge of the remains described above, held an and in my apinian Suicide XX Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 1-9-82 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 23d. LOCATION Cremation 9 Process Catonsville Balto. Md. 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** MacNabb Funeral Catonsville, Md. Home (VR A15 ME (5)) 15M 2/80



AND SERVICE OF THE SE

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

13d. INSIDE CITY LIMITS?

SUTPHIN

5. DATE OF BIRTH MONTH

20 DATE OF DEATH MONTH January 22, 1982 6. AGE (IN YEARS LAST BIRTHDAY)

January 22, 1935 47 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED & NEVER MARRIED

REG NO

Anne Arundel County 126, KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Bookkeeper Edcuation

119 Huse Dr 15. MOTHER'S MAIDEN NAME MIDDLE

13e STREET ADDRESS

Ruth L. King ADDRESS 17 INFORMANT Hiram Sutphin. same as 13 a-e

IMMEDIATE CAUSE (a) Acute anteroseptal myocardial infarction 4 hours DUE TO, OR AS A CONSEQUENCE OF Coronary atherosclerosis chronic DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a

Left and right heart failure, complete heart block xxxxxxxxxxx 206. IF YES, WERE FINDINGS USED

DEGREE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY?

Not applicable

HOUR A.M. MONTH DAY YEAR

711. LOCATION

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)

IN CERTIFYING CAUSES OF DEATH?

COUNTY

STATE

APPROXIMATE INTERVAL

7h HOUR

11:00PM

10 82 to January and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated 22c. DATE SIGNED

CITY OR TOWN

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

Jan 23, 1982

16 Murray Av., Annapolis, Maryland 21401 23c NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

Annapolis, Md. COUNTY

STATE

Militerm 11 BealI Funeral Home, 1212 West oft, Annap. Md.

REGISTRAR TO REGISTRAR'S SIGNATURE MINCES

DHMH - 16 50M 1/BI (VRA 15, 4)

SHE ... 1995 AND THE PERSON OF THE PERSON O , be the first the state of the .60, .com (.50 Joseph 5152 .com Consent Tico-

11	500	050407445	STATE OF M			40	10 - 10
1	FOR STATE			AND MENTAL I	DE DEATH	0 0 2	3 0
1. D	REGISTRAR ECEASED NAME FIRST	MIDDLE	AMINER 3 C	AST	20. DATE KNOWN		YEAR 2b. HOUR
(1	(PE OR PRINT)	79 .00	To	ylok	OF ESTI- DEATH MATED		982 A N
3. SI		5. DATE OF BIRTH	GE (IN YEARS IF UN	DER I YR. IF UNDER	R 24 HRS. 2c. DATE	MONTH DAY	YEAR 2d. HOUR
	m w	3 9 QQ	72 YRS.	DAYS HOURS	MIN. PRONOUNCED DEAD	11	1982 A M
7a.	BIRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY	2 8	D NEVER MARK	9. BALTIMORE CIT	Y OR COUNTY OF DE	
	Virginia	USA	WIDOW		m /	ArondeL.	. CO. MD
10.0	TITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET		R INSTITUTION	120. USUAL OCCUPATION (FOR MOST OF WORKING LIFE)	OR	D OF BUSINESS INDUSTRY
2	AL PESIDENCE (IE IN NIIDSING MOME	Note / h ARCINCLES OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	. Hespi	12/	Mechanic	Ret	tired
	STATE 13b. COUN	AA Glen	Burnie	13d. INSIDE CITY LIMITS? YES NO 🔀	7900 Benes	ch Circle	e, 757.
14.1	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAID	MIDDLE	L	AST
		ylor		Gertru	ide B.		nwood
160.	WAS DECEASED EVER IN U.S. AR YES, NO. OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATEST	SECURITY NO. 09-0282	Richard	WTaylor,		13A
	18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly ane cause per line far (a), (b), an		£	0	APP BEINF	PROXIMATE INTERVAL EEN ONSET AND DEATH
		TE CAUSE (Lalle of		0001	3		edden
	Canditians, if any, which	DUE TO, OR AS A CONSEC	QUENCE OF				
	gave rise to immediate cause (a) stating the under		DIENCE OF				
	lying cause last.	(6)	KOLINCE OI				
	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED	O THE TERMINAL DISEASE	OR CONDITION GIVEN IN P.	ART 1 (a).		
CERTIFICATION							
S	190. DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION W	S PERFORMED?		20 AU	JTOPSY?
HE HE	21a. EXTERNAL CAUSE WAS	216. TIME OF INJURY	103- NG	W 15 11 12 12 12 12 12 12 12 12 12 12 12 12			ES NO P
N CE	UNDERLYING LI OR	HOUR A.M. MONTH DA	Y YEAR	WY INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	IS PART 1 OR PART 2)	
MEDICAL	CONTRIBUTING CAUSE OF		19 THOME, 21f. LOC	ATION			
ME	WHILE NOT WHILE (STREET, FACTORY, FARM, ETC.)	SI	REET	CITY OR TOWN	COUNTY	STATE
		ge af the remains described above,	neld an Autaps				
		al causes Accident	Suicide	Hamicide .	Undetermined manner	and in my apinian	
	1/1/	r Accident	s, voicide [_]	TITLE (SPECIFY)	Ondesermined monner		
1	ACTUAL SIGNATURE	all my.	м.		MEDICAL EXAMINER	DATE SIGNED	4 7554
1	EXAMINER'S NAME	/			, ,	0	
-	(TYPE OR PRINT)	LINHORDT M		DDRESS In	expolin, poper	Jene -	
230.	BURIAL, CREMATION, REMOVAL		E OF CEMETERY OF		23d. LOCATION CITY OR TOWN	COUNTY	STATE
24.	Burial FUNERAL DIRECTOR		n Haven	25o, DATE			MD
	James S. Kir	kley, Glen Bu	rnie. MI) PA-S	5 1000	Van 9	aither
		0 7	,	1/4	V 1306 6 7200	-	and the same of th

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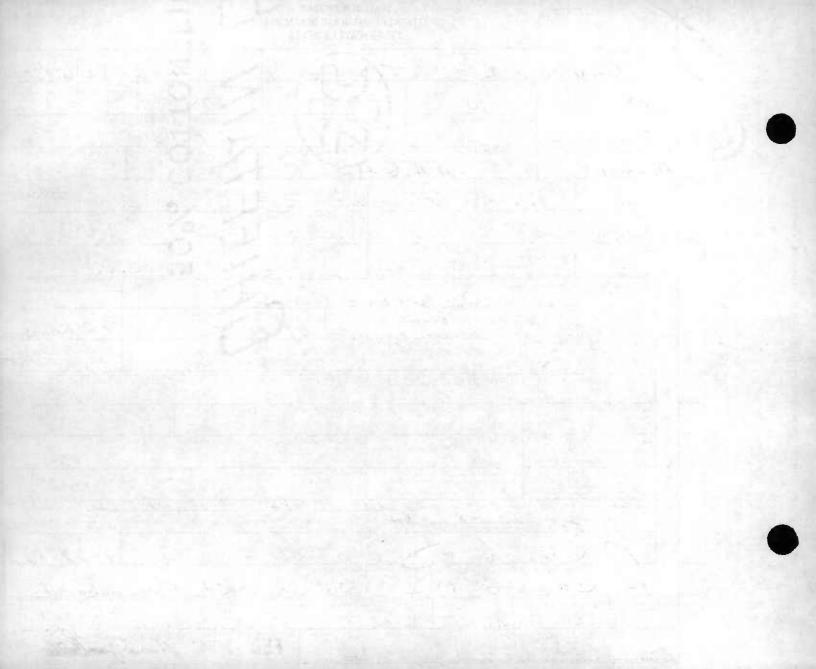
/		FOR - STATE REGISTRAR				ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL FICATE OF DEATH		8 2. (REG. NO.	0 2	3 2
	1. DE	CEASED NAME E OR PRINT) Cha	rles	I. RACE	AIDDLE	5. DATE MON	LIEME OF BIRTH TH DAY YEAR	6. AGE	(TE OF DEATH MONTH	DAY YEAR 28-82 IF UNDER 1 YEAR MONTHS DAYS	2b HOUR 6 43PM IF UNDER 24 HRS HOURS MIN.
54	,	RTHPLACE (STATEORI	ansas		ISA	MARRI WIDOW	ED DIVORCED	XX	TIMORE CITY OR COUNT	TY OF DEATH	MD
3	A.	NAPO (S AL RESIDENCE (IF NURS	ING HOME OR C	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION	OR OTHER INSTITUTION	(TYPE C	SUAL OCCUPATION OF WORK FOR MOST OF WORKING SOME	LIFE) INDUSTRY	elf-empl
35		Md.	13b. COUN	A. Co.	13c. CITY OR	avidson	13d. INSIDE CITY LIMIT		913 Mt Airy	Rd.	
20	17	Adolph		NDDLE	Thier	ne	Ida FIRST		WIDDLE	Shi	ubert
1		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		WAR OR DATES)		36-3034	Anna Tho	ompson	ADDRESS BOW	ie, Md.	
	NO	Conditions, if ony, gove rise to imm couse (a), stolin underlying couse	which mediote g the lost.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONS	SEQUENCE OF	leosepta/	M. TERMINAL DI	SEASE OR CONDITION G		hows
9	CERTIFICATION	19a. DATE OF OPERAT	ION	196 CONDIT	ION FOR W	HICH OPERATIO	ON WAS PERFORMED	20a YES	IN CERT	ES, WERE FINDI	NGS USED S OF DEATH?
9	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEAT	21b. TIME OF HOUR A.A P.A 21e. PLACE O	л. МОПТН Л.	DAY YEAR	216 HOW INJURY OC		TER NATURE OF INJURY HA ITEM 18		
	ME	WHILE NOT WHAT WORK 220.1 certify that (1) sow the decease obove, (1) (we) for 22b. SIGNATURE	(this hospital	(AT HOME STRE	deceosed for		ond that in (my) (our) opin DEGREE	NG MED	curred on the dote and ha	, 19 J., ur and from the	
1		PHYSICIAN'S NA	ME ITYPEOR	print)	m	7.	PHYSICIA 22e ADDRESS	haw	St. Physician	apphi	ound.
		URIAL, CREMATION, SPECIFY) Burial		23b. DATE 2/1/.	82	Mt Oak	CEMETERY OR CREMATO	ORY 23d	LOCATION CITY OR TOWN Mitchellvil	COUNTY	P G Co

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, are at

24. FUNERAL DIRECTOR
NAME
Hardesty Funeral Home 12 Ridgely Ave. Ann. Hd.

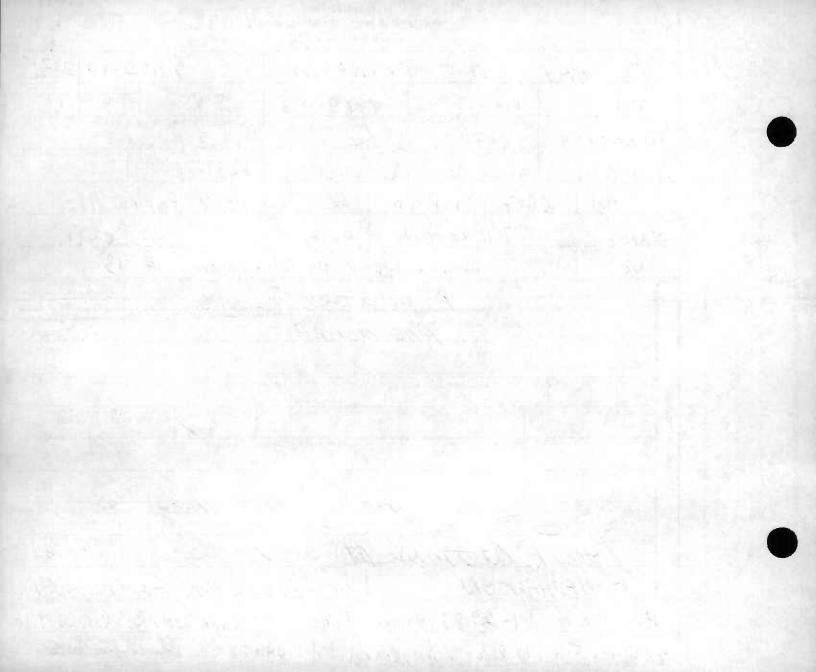
Mitchellville
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAL.
FEB 2 1982



	(TYF	CEASED NAME FIRST E OR PRINT) Maggie	Viola Thomas		AST	20. DATE OF DEATH January	MONTH DA	982	8 15
(M)	3. SE	x XXX Female	4 RACE Black	S. DATE C	DE BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	DNIHS DAYS	HOURS
	-	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		11-05	9. BALTIMORE CITY C	YRS	DEDEATH	
de ph. Poge	7	COUNTRY) Maryland	U.S.A.	MARRIED	NEVER MARRIED DIVORCED	Anne Art	_	DEMIN	
by the filled	A	ity or town of DEATH Innapolis	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 332 Forest Bead	ADDRESS)		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST C		12b. KIND OF INDUSTRY	F BUSINESS
filled in nould be	and a		OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 332 Fores	t Beac	h Rd.	
mpletely ond 2 sh	14. F	ATHER'S NAME FIRST ISSIAC	MIDDLE LAST CHN	SON	15. MOTHER'S MAIDEN NAME FIRST EMMA	ME		LITTL	19)
te be execute icion and col sers. Pages 1 31. the medical of	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	JRITY NO.	POLLY D. THO	MAS 332 Fof	est Be	apolis ach Rd	, Md.
00000									
equires that the death ce is signed by the ottending Then please rance could to buriol, cremption, or a niury, or other traumatic	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOUR (b) Hypert DUE TO, OR AS A CONSEOUR (c) CONDITIONS CONTRIBUTING TO I	tensiv	e Cardiovaso			year NIN PART 1(0	
n. To been signed by the otter permit. Then please remover ne prior to buriol, cremotion ws any injury, or other troum	TIFICATION	gave rise to immediate cause (a), stating the underlying cause last.	(b) Hypert DUE TO, OR AS A CONSEQUE	tensiv	NOT RELATED TO THE TERM		DITION GIVEN	WERE FINDING CAUSES	GS USED
HYSICIAN: The low requires that the depanding physician. Ins certificate has been signed by the otter burial-transit permit. Then please remove- I Mental Hygiene prior to burial, cremation or frem 18 shows any injury, or other troum	EDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b) Hyperi DUE TO, OR AS A CONSEQUE (c) 19th CONDITION FOR WHICH 19th CONDITION FOR WHICH ATH HOUR A.M. MONTH D. P.M. 21th PLACE OF INJURY	DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE 211. LOCATION	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	N IN PART 1(a) WERE FIND IN. ING CAUSES (GS USED OF DEATH NO
DING PHYSICIAN: The low requires that the deponent or attending physician. After this certificate has been signed by the otter can be buriel-transit permit. Then please remove of the and Mental Hygiene prior Toburiol, cremation marked or Item 18 shows any injury, or other troum	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this has)	(b) Hyperi DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D.M. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	DEATH BUT OPERATION AY YEAR 19 SARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURP 211. LOCATION STREET	200 AUTOPSY? YES NO ENTER NATURE OF INJUI CITY OR TO	20b. IF YES, IN CERTIFY! YES RY IN ITEM 18 PAR	WERE FINDING CAUSES (THORPART 2) COUNTY	GS USED OF DEATH' NO
HYSICIAN: The low requires that the depanding physician. Ins certificate has been signed by the otter burial-transit permit. Then please remove- I Mental Hygiene prior to burial, cremation or frem 18 shows any injury, or other troum		gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this has)	(b) Hyperi DUE TO, OR AS A CONSEQUE (c) 196 CONDITIONS CONTRIBUTING TO I 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F 210. OR PRINT)	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.) 9-10	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURF 21l. LOCATION STREET 19 4 that in (1) (aur) apinion of DEGREE	200 AUTOPSY? YES NO ENTER NATURE OF INJUI CITY OR TO death accurred an the do MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PAR WN	WERE FINDIN, ING CAUSES (COUNTY 220. DATE S 1-15	GS USED OF DEATH? NO STAIL STAIL hat (we couses state SIGNED

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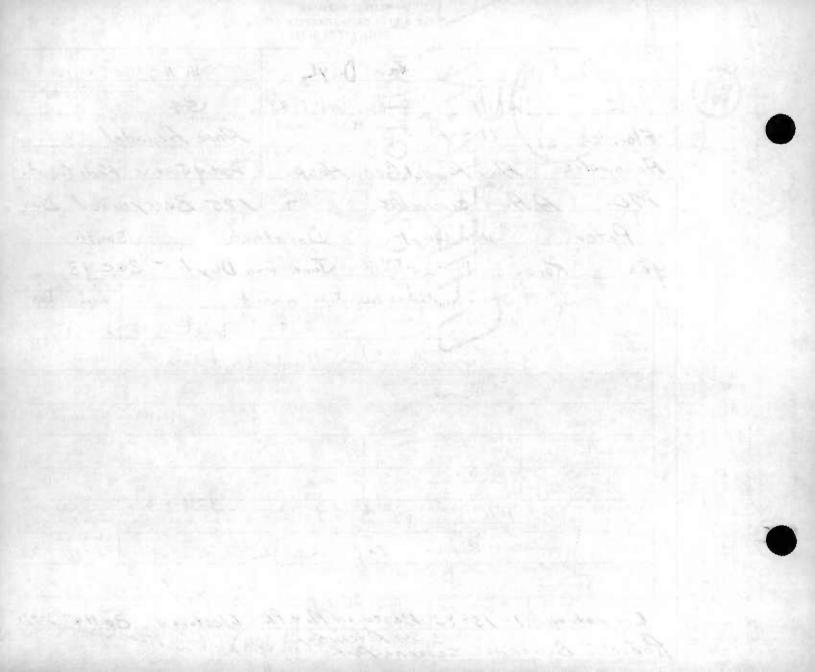
STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Then please

and Mental Hygiene prior ta buriol-transit permit. After this certificate has attending physicion

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should be detached for use os with the State Dept. af Health

FUNERAL DIRECTOR:

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IMPORTANT: If Item 21 is

MEDICAL

medical

the

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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U	U	dia	1	- 1

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		7
1. DECEASED NAME (TYPE OR PRINT)	SCUAL E	Victorio	20. DATE OF DEATH MONTH E	- 82 1	UR 20
3. SEX Male	8 Fellipino	5. DATE OF BIRTH		FUNDER LYEAR IF UNDER	R 24 H
70. BIRTHPLACE (STATE OR FOREIGN PRILIPPINE ISLAM	REPUBLIC OF	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne An	of DEATH	
AND COLS	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	OF ADDRESS)	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSIN	ESS

USUAL RESIDENCE OF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION, 130 STATE 13b. COUNTY 104 Car 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT

PART I. DEATH WAS CAUSE	y one cause per line for (a), (b), and Ichi D BY: E CAUSE (a)	74	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
4100 Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF MINE	th phretim	2448
gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF		

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

1010		
19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
		YES NO YES NO
2)g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART I ORPART 2)

21e PLACE OF INJURY 211. LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a. I certify that (I) (this hospital) attended he deceased from that (I) (we) last

saw the deceased alive on and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death 22h SIGNATURE DEGREE

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS

23a. BURIAL, CREMA 23b DATE

24 FUNERAL DIRECTOR

21d INJURY OCCURRED

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP

TO WATCH TO TOWN! Abels the light state of Lehman Rayon A X Control of Indahanagahita Severa Horras Hall X Cilogrant AH OM 07510I 201-86 the Makers V. Dried V. Hill 18-142 Caldina America proceeding contacting BAPL Mailignan A. A. London L. D. 181 Come All estagnost material translate Exercise to me am zilos wielt zoon z z roug Minno gned by the ottending physicion and completely filled in by the

jury, or other troumotic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion

should be detoched for use as the burial-fransit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPARTN		ICATE OF DEAT		REG. NO.	U	U da.	5 8
(TYPE		FIRST Ser	,	enry	Wa	ast 29Ner		January, 3	, 19	YEAR 82	26. HOUR 30
3. SE	male		4. RACE Whi		Aug	OAY TO	94	6 AGE IN YEARS LAST BIRTHDA	YRS	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
Ň	RTHPLACE (STATE OR FO OUNTRY) [aryland		U.S		WIDOWE		CED 🗍	Anne Arun	del		MD.
G1	en Burni	e	North	Arunde	L Cor	or other institut ov. Cent		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Sales		INDUSTRY Lumb	per per
130. S Ma	AL RESIDENCE (IF NURS STATE LTYland	13b COU		GlenBul	N .	136 INSIDE CITY LI YES NO	X	36 STREET ADDRESS 212 Hollin	s Fe	rry F	₹d•
	Agustus		MIDDLE	Wagnei		15. mother's ma First Ann	a	WIODLE		Unkr	nown
	VAS DECEASED EVER VES, NO OR UNKNOWN) Yes		E WAR OR DATES)	215.09		Willia	~	phew ADDRESS Downs	Mi	Mc	oville . MATE INTERVAL DISSET AND BEATH
	Conditions, if ony, gove rise to imm couse (o), stating underlying couse	which mediate ag the lost.	DUE TO, OF	AS A CONSEQUE	NCE OF	ardiae	a	whythmia	٥	min	ites
MEDICAL CERTIFICATION	19a DATE OF OPERA	Me	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	Mo		Nb. IF YES, VI CERTIFYII	WERE FINDING CAUSES	NGS USED
MEDICAL	OR CONTRIBUTING C (IF EITHER, NOTIEY MEDIC 21d INJURY OCCURE WHILE NOT WI AT WORK AT WO	AL EXAMINER) RED HILE DRK	P./ 21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	19	231 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
	22a.1 certify that (1) sow the decease obyce. (1) well (2) 22b SVI URE	AME (TYPE C	t) view the body	ofter death. 19 1	M.	ATTEN PHYS 22e ADDRESS	IDING ICIAN	eoth occurred on the dote MEDICAL STAFF DIRECTOR PHYSICIAN		nd from the	
	BURIAL, CREMATION, SPECIFY) Buri UNERAL DIRECTOR		Jan.5			emetery or crem dship Ce	m.	23d. LOCATION CITY OR TOWN Hanover REC'D. BY REGISTRAR 25b	A	A. R'S SIGNAT	STATE URE

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

24. FUNERAL DIRECTOR
NAME
Singleton Funeral Home, Glen Burnie, Md.

Hanover JAN 198

L. L. STREETER The same of the same of the same 4 (...)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Glen Burnie

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR FEB 2 1982

1	REGISTRAR				CERTIF	ICATE OF	DEATH	REG	NO.		E.S.T.
	CEASED NAME	FIRST		MIDDLE		AST		20 DATE OF DEATH		DAY YEAR	26 HOUR
100		HENRY		Custis	W.	ALKER		JANUARY	29. 1	982	4:05A
1.58			4 RACE		5. DATE (6. AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS
	Male		Whit	e	Feb	16,	1907	74	YRS.	MONTHS DAYS	HOURS MIN.
20. G	RTHPLACE STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		MARRIED -	9 BALTIMORE CIT		OF DEATH	
	aryland		U. S	5.A.	WIDOWE		NORCED	ANNE A	RUNDEL	COUNTY	ME
10. C	ITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		ROTHER INS	NOITUTION	120 USUAL OCCUP			OF BUSINESS OR
(GLEN BURN	NIE /		ORTH ARUN		OSPITA		Claims	Co-or	d Stat	e Of M
13a	AL RESIDENCE (#)	136 COU	OTHER INSTITUTION	13c. CITY OR TOW	ADMISSION)	13d. INSIDE	ITY LIMITS?	13e STREET ADDRES	SS		
_	aryland	I	.A.	GlenBu	rnie	YES 🗌	NO X	7940 Pi	pers :	Path	
14. F/	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME MIDDU		LAS	CT
	Benjam	in (ustis	Walke	r]	Marjor	ie Vir	ginia		own
	WAS DECEASED ET		MED FORCES?	166. SOCIAL SECU		17 INFORM	ANT S	on ADI	DRESS S	ame as	
	YES NO OR UNKNOWN	W		216.07.	5402	David	d C. W	alker		13	
	18 CAUSE OF DE	EATH Enter or	ly one couse pe	r line for (a), (b), and	dien - n	1	MAL	_ 1	1	BETWEEN	ONSET AND DEATH
	PARTI. DEATI			Larocana	lust	innto	tille	o vents	icular	-	
	457	9	DUE TO, C	R ADA CONSEQUE	NCE OF	1	1	A,		1	
	Conditions, if only, which gove rise to immediate (b) Supparlantinal orly lines										
	couse (a), st	oting the	DUE TO, C	R AS A CONSEQUE	NCE OF		0			9 . 19.	
			(c)_								
z	PART 2 OTHER S	SIGNIFICANT	OMPITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATE	TO THE TERM	AL DISEASE OF CO	ONDITION GO	EN IN PART 1	01
TIO	OFFI	mo	umort	white	noel	not a	long,	Inchur		offelle	91
CERTIFICATION	190 DATE OF OPE	KATION	196. CONL	ITION FOR WHICH	OPERATIO	N WAS-PERF	DRMED(200 AUTOPSY?	IN CERTI	S WERE FOOIL FYING CAUSES	S OF DEATH?
ERTI	2)a. ACCIDENT WAS	UNDERLYING F) 21b. TIME (OF IN ILIPY	k	1214 HOW II	JIIIPY OCCUPE	YES NO			NO 🗌
	OR CONTRIBUTING			M. MONTH DA		121C. 110 W II	VJORT OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM 18	'ART 1 OR PART 2)	
MEDICAL	21d. INJURY OCC			.M. OF INJURY	19	211. LOCATI	ON				
ME	WHILE NO	T WHILE		REET, FACTORY, OFFICE, F	ARM, ETC }	STREE		CITYO	RTOWN	COUNTY	STATE
		WORK	1-15-14-1-1-1-1				77		70		
	saw the dec	eased alive on	1.	ne deceased from_	D	nd that in (my) (our) opinion o	death occurred on the	dote and hou		that (1) (we) last
	27b. SIGNATURE	e) (did) (did no	singlew the body	after Seath.		DEGREE				22c DATE	
		(UA	2/00	1		ATTENDING)		TAFF	11	29.17
	22d. PHYSICIAN'S	NAME (TYPE C	R PRINT)	Thur !		22e ADDRE	PHYSICIAN C	1		TITTE 10	1180
		S. DOR		n			CLENI		RIVE, S	UITE 10 21061	
22- 1	BURIAL, CREMATIC				IAME OF C	EALETEDY OF	OLEN I		UNI LAWIJ	21001	
	(SPECIFY)		236. DATE	1 00 01	AME OF C	EMETERY OR	CREMATORY	23d. LOCATION		COLINITA	- SIATE

Glen Haven Mem Pk

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Buria1

24 FUNERAL DIRECTOR

24 FUNERAL DIRECTOR ALBUMANAS SIngleton Funeral Home, Glen Burnie, Md.

should be detoched for use as the buriol-fransit permit. Then please remove corbanable with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

TO FUNERAL DIRECTOR: After this certificate has been signed by the

George J. Gonce 4001 Ritchie Hgwy

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

FOR

(VR A 15 (4))

80

MPORTANT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH . DECEASED NAME FIRST 26 HOUR TYPE OR PRINTI January 26. 1982 E. 4:05 Edna Watts IF UNDER 1 YEAR 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS March 17. 1895 Female White 86 To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore Anne Arundel County USA WIDOWED DIVORCED [CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
503 Cleveland INDUSTRY Linthicum USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e SIREEI ADDRESS 503 Cleveland Road 136 COUNTY 13c_CITY OR JOWN 13d. INSIDE CITY LIMITS? Linthicum MD AA NO IX 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Kiley MIDDLE LAST James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 220-24-8122 Mrs. Patricia C. Reinhardt, Same as No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY 100 0 201 IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **IFICATION** 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO T 210 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19

21d. INJURY OCCURRED NOT WHILE

21a. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION STREET

CITY OF TOWN

COUNTY STATE

above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Thomas Folkemer. M.D.

saw the deceased alive on 3/24

220.1 certify the (1) (this hospital) attended the deceased from

77e ADDRESS

3708 Mountain Rd., Pasadena, MD

Burial

230. BURIAL, CREMATION, REMOVAL

23b. DATE

23c NAME OF CEMETERY OR CREMATORY Jan 82 Druid Ridge Cem.

23d. LOCATION Baltimore

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

24. FUNERAL DIRECTOR

James S. Kirkley, Glen Burnie,

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

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15	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 0 2 4 2 CERTIFICATE OF DEATH REG. NO.							
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR				
1		<u> </u>	ilter Lewis Way.	son	VAN 31 /	1982 1.45				
	1.58		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS				
4	74 B1	male	white 76. CITIZEN OF WHAT COUN	June 27,1900	81 YRS					
20	111	COUNTRY		MARRIED LI NEVER MARRIED						
20	McKendreemd. © CITY OR TOWN OF DEATH		USA	WIDOWED DIVORCED [JRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 12b, KIND OF BUSINES (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
53			(IF NOT IN SUCH FACILITY, GIVE S	STREET ADDRESS)						
-	LISU	ANNAPOLIS AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE	el General Hosp. BEFORE ADMISSIONI	farmer	seln-emp				
31	13a S	STATE 136. CO		idsonvilles \ \ NO \		2 7				
-	14. EA	Md . THER'S NAME		15. MOTHER'S MAIDEN N	965 Mt Airy 1	ka.				
20		Thomas	Preston.	Figure on Editle	WIDDLE	Sunderla				
1		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL	Wayson Edith SECURITY NO. 17 INFORMANT	ADDRESS	Sunaeria				
	C	res, no or unknown) (1F yes.	GIVE WAR OR DATES) 212-3	36-6306 Dorothy Lo	amb Da	id a majell				
Allows any injury, or other tra	CERTIFICATION	gove rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	renic Congest	TO DEATH SET NOT RELATED THE TELL WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES NO	Ver Liseast VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES \(\) NO \(\)				
:01		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 1	8 PART I OR PART 2)				
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJURY	21f LOCATION						
	Ä	WHILE AT WORK	(AT HOME STREET, FACTORY, OF		CITY OR TOWN	COUNTY				
		22s I entify that he (this ha	optivity of the decease to one optivity of the decease to optivity of the d			our and from the couses started 22c. DATE SIGNED 22-1-8				
WPORTA		URIAL, CREMATION, REMOV. SPECIEV BULLIAL JNERAL DIRECTOR		236 NAME OF CEMETERY OR CREMATOR Mt Zion Cemetery.	Y 23d LOCATION CITY OR TOWN	COUNTY 5				

Marine Marine Tourist and the Control of the Contro mile On Manager and a

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF DEP										-,		
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		REGISTRAR		MED	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								
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3000	3. SE	X 4: RACE	10012 5. DA	TE OF BIRTH	6. AGE (IN	YEARS IF UN		F UNDER 24 H			MONTH	DAY YEAR	2d. HOUR
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SERVERY.	/a. B	OREIGN COUNTRY)	/B. CI		AT COUNTRY?	8. MARR	ED NEVE	ER MARRIED	y. BALT	IMORE CITY	OR COUNTY	OF DEATH	
82523 mm		IOWA		U.S.A. WIDOWED & DIVORCED - ANNE ARE				ZUNDE	-	MD.			
2 H 2 H 2	ID. C	ITY OR TOWN OF DEAT	H 11. N	AME OF HOSE	PITAL, NURSING HOA	AE, OR OTH	ER INSTITUTI	ON 12a	FOR MOST OF V	UPATION (T	YPE OF WORK	26 KIND OF B OR INDUS	USINESS
IF ANY DELAY IS. AND 3 OTH SHOULD BE FIEB I RECORDS 301	9	les BURNI	· And	1.h.1	Provdel.	Has	p. 15/	. 4	SECRET			U.S.GOV	
1201 F ANY DE AND 3 TO RETAIN HOULD BI RECORDS	USU	AL RESIDENCE (IF IN NURS	ING HOME OR OTHER		E RESIDENCE BEFORE ADMIS	SION)						01.0.000	1.
21201 IF AND SHOUL RECO	2		NNE ARU	/1. 67	13c. CITY OR TOWN		13d. INSIDE CITY	Y LIMITS? 13e.	STREET ADD		1-0-		
2. A. S. H.		ATHER'S NAME	NNE_ARL	MDEL	LAUREL			'S MAIDEN N		ARROLL	STRE	El	
MO WITH	2	FIRST	MIDO	LÉ	LAST		FIR:	ST		WIOOFE		LAST	
A A A B B B B B B B B B B B B B B B B B	1	DAVID	J		TIGHE		ELI	ZABET	71	-	MC	GINI	<u></u>
TER PAGE	160.	WAS DECEASED EVER IN	U.S. ARMED FO	DATES)	166. SOCIAL SECUR	ITY NO.	17. INFORM	ANT		1901 CO	SLUMAI	AD. N.L	J. #702
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T., BALTIMORE, MD. 21 HOURS AFTER DEATH. IF 18. GWE PAGES 1, 2, 2, G WITH FORM PM. 3, MIT. PAGES 1 AND 2 SH E, DIVISION OF WITAL R.		18. CAUSE OF DEATH	(Enter only one		(o), (b), and (c).)	4	1 .					APPROXIMAT BETWEEN ONS	TE INTERVAL
ON ST., 24 HOU ITEM 18 LONG V.	1	PART I DEATH WA	S CAUSED BY:	11		1151	· lan	, , ,				BETWEEN ONS	ET AND DEATH
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OF VI	1 1	21a. EXTERNAL CAUSE	WAS	216. TIME OF		21c. HC	W INJURY C	OCCURRED (EI	NTER NATURE OF	INJURY IN ITEM 1	8 PART I OR PART	2)	
PICA OULL OULL RIMIN		UNDERLYING OF	CHIEF OF DEATH	70-3.00	MONTH DAY YE	AR							
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DIVISION OF VITA HIS CERTIFICATE SHO MRITING THE WORD GE 3 SHOULD BE U VITE DEPARTMENT OF THE CHE	ME	WHILE NOT W			DRY, FARM, ETC.)		TREET		CITY OR	TOWN	COUN	NTY	STATE
DIV E: THIS C E, WRIT RWARD PAGE: STATE C	1	AT WORK AT WO	RK						100				
P. S. F. S. T. S.		22a. I certify that I to	ook charge of the	e remoins desc	ribed abave, held an	Autop	у 🔲,	Inspection], Inqui	ry d, o	and in my opin	nion	
EXAMINER: CERTIFICATE JLD BE FOR WITH THE !	1	death resulted from:	patyrol cous	es d	Accident	vicide	, Hamicid	le II. U	ndetermined	manner			
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ALECHAL POLICE MALE NATH, WITH, WATH, WATH		ACTUAL	() Lie	itt		44	D. P.2 p	.16			DATE	1.31.	52
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W C I E E	d	EXAMINER'S NAME (TYPE OR PRINT)	E.LIN	HARD	Tun			0.1121	Lalis-	Mn			
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH,	730 5	URIAL, CREMATION, REA	. , , ,		23c, NAME OF C		ADDRESS	102	Id. LOCATION				
	130.0	SPECIFY)							CITY OR TOWN		COUNT		TATE
BP	24 5	BURIAC UNERAL DIRECTOR	FEB.	3,198	2 GATE OF	HEAD		SO. DATE REC'E	SILVER.	SPRING.	MONT.C		LAND
DHMH - 17 (VR A15 ME (5))		NAME		ADDRESS		VI		O. DATE RECT	D. DT KEGIST	KAK ZOB. KEC	9 C	JIVATURE	- 44
15M7/77	CH	HAMBERS FUN	JERAC H	ome k	IVERDALE,	MARY	AND	LER	3 19	81 10	lance !	derlless	0=

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2/1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 0 2 4 5 CERTIFICATE OF DEATH REG. NO.					
	DECEASED NAME 1951	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR		
pros.	WILLIE		ILLIAUS		18 82 012		
M.	MALE	BLACK	5. DATE OF BIRTH MONTH DAY YEAR 1 21 22	6. AGE [IN YEARS LAST BIRTHDAY] 59 YRS.	IF UNDER 1 YEAR IF UNDER 24		
79	Georgia	75. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED X NEVER MARRIED WIDOWED DIVORCED	Anne Arundel			
2/	ET MEADE	. (IF NOT IN SUCH FACILITY, GIVE STREET	AG HOME OR OTHER INSTITUTION ADDRESS) ALMY 205P	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINES INDUSTRY		
25	STATE MM.	R OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13e SIREET ADDRESS Route 4, Dyke:	s Road		
20	ROBERT	MIDDLE WITTAN	15. MOTHER'S MAIDEN NA BEULAL		Kitchen		
2	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 257-32-24			Kings Noll Robins, Ga		
ural cremation, arremoso, r, ac other traumatic event,	Canditions if any, which gove the to immediate court (a) stating the underlying course lost.	DUE TO, OR AS A CONSEQUI	epulmonary (cardial infarct	anal disease or condition G	APPROXIMATE INTERVIBER ONSET AND DISTANCE OF THE SELECTION OF THE SELECTIO		
E short any injury			OPERATION WAS PERFORMED	200. AUTOPSY? 206. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH ES TO NO TO		
11.00	Concentration C. L'autainment	HOUR A.M. MONTH DA	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM 18			
Ard or hem	ZHE INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION	CITY OR TOWN	COUNTY STA		
of Health	22a.1 certify that (1) (this haspital) attended the deceased from						
CANT: # Them	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME LITTLE OF PRINTI 1216 ADDRESS ATTENDING DIRECTOR PHYSICIAN						
WPORTA	VOA-NNE	L. RHOADS A	1 4 7 0 1 1 0 7 0 0 0	CGH ARMY H	OSPITAL N		
130	BURIAL, CREMATION, REMOVAL	236. DATE 1/27/82 3c. 1	SPRING CREEK	23d. LOCATION CUT OR TOWN	COUNTY		
2/80	FUNERAL DIRECTOR EROY HARKI-	5 F/5 4520	PEN LUCY Rd. FE	B 3 1982 Since			

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PELEND DRY WILLS THE STATE STATE ANNAPPLE METERSONA - Care S. Fest American MD Anothering Survey De 20 20 19 Company FINE DEVISE DESCRIPT FIRE STATES AND A STATE OF THE STATES OF THE Trues of theory of the said of the said THE ARE ELECTRONIC MANY COME SHOWER THAT I WAS A PROPERTY OF THE PARTY the of the same same of more and the same and the same of the same

r	Ç.	6	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	0 0 2
	(I. DECEASED NAME	FIRST		MIDOLE	L	AST	20 DATE OF DEATH MONT	TH DAY YEAR
	(机准)		(TIPE OR PRINT)	EUGE	NE :	Edward	WI	RTH	January 2	3, 1982
	-		3. SEX		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHOAY)	
	4 010		Male		W	nite	Jul'		73	YRS.
	8 69	ė	To BIRTHPLACE (STATE C	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED □	9 BALTIMORE CITY OR CO	UNTY OF DEATH
	# 15 # 17 # 17 # 17 # 17 # 17 # 17 # 17	ot ou	Pennsylva	nia	U	.S.A.	WIDOWE		Anne Arun	del Cou
by the fulled with			Glen Burnie		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1920 Norwich Road			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Project Eng		
NIAD ZII	n 24 hour	myst be	Maryland	13b COU		Give residence before 134. CITY OR TOW	N .	13d. INSIDE CITY LIMITS? YES NOX	13e. STREET ADDRESS 1920 Norwi	
MARIE	ampletely	Jew 20	I4 FATHER'S NAME FIRST John		WIDDIE	Wirth		15. MOTHER'S MAIDEN N Anna	AME Mary	Gree
NE,	xecut nd co	medicol	16a. WAS DECEASED EVE		RMED FORCES?	16h SOCIAL SECU	RITY NO.	17. INFORMANT (W	ife) ADDRESS	Same a
	o o o o	m e	No	N		170.01.	2390	Mrs. Ruth		
	physicic on poper	event, the	18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	nly one couse pe ED BY: .TE CAUSE (o)	er line for (o), (b), on		ipe (1	ARCINOMA	APPR BETWE
20.02	death ce attending ave corb	aumotic	Conditions, if or		DUE TO, (DR AS A CONSEQUE	NCE OF	REC	TVM	2
Y	that the last the cose removed	ather tr		nmediate ting the se last	DUE TO, C	DR AS A CONSEQUE	NCE OF			13-16
	+ + 000) <u>-</u>	1		. (6)					

Greenwald ame as # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) apinion death occurred on the date and haur and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 300 HOSPITAL DRIVE, #134 SERGIO ALVAREZ, M.D. GLEN BURNIE, MARYLAND 21061 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION

BP. DHMH - 16 50M 1/81

TO FUNERAL DIRECTOR.

shauld be detai MPORTANT

prior

and Mentol Hygrene

Hem 18 s

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After this certificate has bee

24 FUNERAL DIRECTOR (VRA 15, 4)

Burial

(SPECIFY)

Singleton Funeral

27'Jan.82 Glen Haven Mem.Pk. ADDRESS Glen Burnie, MD

Glen Burnie, A.A.,

2h HOUR

IF UNDER 24 HRS

1982 IF UNDER I YEAR

County,

126. KIND OF BUSINESS OR INDUSTRY Westinghouse

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(VRA 15, 4) 1/79

12 - 50 A Milwood Maria A Committee of the Commi elfon moll long Foirs Fairs Hall in the desired to the second of the second o and - -- vedeseven ... pred ... - 1-100 attending the Major the Strategy todowine, finds a trademot medical 3 -11-1 . Mi, dupo ... Such Sist , must interest lieus

7	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 0 2 4 9
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rath. Page 4	Je 8	MALE IN DEFORM TO THE PROPERTY OF THE PROPERTY	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED OF BATIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED HAVE ARIED AND ADDRESS MIN.
nours after de in by the fun be filed within	10/C	TY OR TOWN OF TEATH WWA POW'S AL RESIDENCE (IF NURSING HOME OF O	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF KO INJULIA ACADE, GIVE STREET ADDRESS). 11. H. J.
thin 24 ho	14. E/	MID. ISE COUNTY	13d INSIDE CITY LIMITS? 13d. STREET ADDRESS FRANKLIN ST.
d complet and Signal a	Pa.	HAPLES HAT VAS DECEASED EVER IN U.S. ARM	MMOUD WETH WELDE MAPPARET MIDDLE KENT WED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT FORCES?
sician and copers. Pages al., the medical	(18 CAUSE OF DEATH (Enter only	y one cause per line to an lot, (b), and ich i
ires that the death certific gned by the attending phy in pleose remove corbonize burial, cremation, ar rema iry, or ather traumotic even		PART I. DEATH WAS CAUSED IMMEDIATE 4100 Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	
The law requicion. It has been signed by the signer of the short of the short of the shows ony injury.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
SICIAN: ing phys certifico urial-tror Vental Hy Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19
DING PHY ar attend After this e os the b alth and M marked or	ME	WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 216. LOCATION STREET CITY OR TOWN COUNTY STATE
R ATTENI hospital IRECTOR: hed for us spt. of He tem 21 is		22a.1 certify that (I) (this hospital saw the deceased alive an above, (I) the (did) (did not)	102 25 67 19 and that in (my) few) principal death accurred on the date and how and from the course stated
TO HOSPITAL O etoined by the TO FUNERAL DI should be detect with the State DR with the State DR WITH THE STATE THE S		274 PHYSICIANS NAME OF THE SAME	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1-22.92 22e ADDRESS ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1-22.92
ВР	3	CEIAL BERAL DIRECTOR	1/24/82 STATES THOSE WAS REGISTRATED TO COUNTY AND THE STATE OF THE ST
DHMH - 16 50M 1/81 (VRA 15, 4)	15	VIOR FILLIER	and Money ODRESS LINIAmbis JAN 26 1982 Figures Jan Kathing

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